294930690331₀₀₀ No. 1845-0047

2016

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

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. <u>A</u>	For the	2016 calend	ar year, or tax year begin		7-01 , 2016 , and	d ending	06-30	, 20 1 7
В	Check if a	pplicable	C Name of organization OKLA	HOMA CHRISTIAN ACADEMY	INC		D Em	ployer identification no
	Address cl	hange	Doing business as				73-	1307220
	Name cha	nge	Number and street (or P O bo.	x if mail is not delivered to street address)		Room/suite	E Tele	ephone number
	Initial retur	m	1101 EAST 9TH S	STREET			(40	5)844-6478
	Final returi	n/terminated	City or town, state or province,	country, and ZIP or foreign postal code				3,287,039
$\bar{\Box}$	Amended :	return	Edmond, OK 7303	34-5706			G Gro	ss receipts\$
$\overline{\sqcap}$	Application	n pendina	F Name and address of principa:		- , , , .	H(a) is this a group	return for subore	dinates? Yes X No
			Same as C above			H(b) Are all subo		
_	Tax-exem	nt status X) (Insert no.) 4947(a)(1) or	□ 527 () ²			ee instructions)
_	Website:		ocacademy.org	7 (1.10011110)		H(c) Group exe		
				ociation Other ►				
	rt i	ganization 🔀 Summar		ociation Other	L Year of formation	1907 M State	of legal domic	ile OK
Fe			<u> </u>	an as mant against actuation. T	TOUGH MICH / MD A	THING OF CHILD	ENMC DD	
			-		EDUCATION/TRA	INING OF STUD	ENTS PR	<u> </u>
စ္ပ		KINDERGA	RTEN THROUGH GRAD	E TWELVE				
aŭ								
erı								
õ	- 1			discontinued its operations or dispo	sed of more than 25°	% of its net assets	1 4	
ঞ				ning body (Part VI, line 1a)			3	7
es	4	Number of in	dependent voting members	s of the governing body (Part VI, line	1b)		4	7
Activities & Governance	5	Total numbe	r of individuals employed in	calendar year 2016 (Part V, line 2a)	ļ		5	182
Ę	6	Total numbe	r of volunteers (estimate if i	necessary)			6	60
_	7a	Total unrelat	ed business revenue from l	Part VIII, column (C), line 12			7a	0
	b	Net unrelate	d business taxable income	from Form 990-T, line 34			7b	0
				~		Prior Year		Current Year
	8	Contributions	s and grants (Part VIII, line	1h)		144	,011	86,940
e			vice revenue (Part VIII, line	20)		2,588	401	2,762,704
en en		•	ncome (Part VIII, column (A	A), lines 3 4cand 7d)	<u></u>		,385	3,354
Revenue	11	Other revenu	ue (Part VIII. column (A). lin	(), lines 3/4; and 7d) les 5, 6g, 8c, 9c, 10c, and 11e)	· ()		, 287	359,939
	10			must equal Part VIII, column (A), line		3,060		3,212,937
202	13		similar amounts paid (Part II		787	3,000		0
2	14		to or for members (Part IX		/9/			
0	15	Salariae oth	er compensation, employee	e benefits (Part IX, column (A), tines	/ 50 / 5310)	2,022	098	2,365,259
က္ဆေ	160		fundraising fees (Part IX, o			2,022	,,,,,	0
A DD Sessing ()	l ba		sing expenses (Part IX, col		<i>,</i>			<u>-</u>
Δ×	17		• •			1,012	111	1,088,686
າື			ses (Part IX, column (A), lir					
3	18			equal Part IX, column (A), line 25)		3,034		3,453,945
<u> </u>	19	Revenue les	s expenses Subtract line	18 from line 12			,542	(241,008
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	<u> </u>		(a			Beginning of Current		End of Year
) # ₅	20		(Part X, line 16)			3,751		3,379,317
Net Assets or	21		es (Part X, line 26)			2,128		1,998,375
			r fund balances Subtract I	ine 21 from line 20		1,622	2,562	1,380,942
	urt II		re Block					
Und	er penaltie . correct. a	es of perjury, I de and complete De	clare that I have examined this retu claration of prebarer (other than off	irn, including accompanying schedules and static based on all information of which prepared	itements, and to the best of irer has any knowledge	if my knowledge and belie	i, it is	
							72-	
۵.		1/2	0/4	<u> </u>				5-18
Sig	ın	Signatu	of officer				Date	
He	re	BRAN	DON TATUM, PRESID	ENT				
		Type or	print name and title					
		Print/Type pre	eparer's name	Preparer's signature	Date	Check X	if PTIN	
Pai	d	GARY L	FIELDS	Lary L. Frelov CI	PA 02-05-2018	8 self-employ	ed PC	1200487
	parer	Firm's name	▶ GARY L F	IELDS CPA		Firm's EIN ▶		
	e Only			15TH STREET STE 500 C		Phone no		
	•	1	Edmond O				05-844-	0038
Mav	the IRS	discuss this		own above? (see instructions)				
	_		on Act Notice, see the se					Form 990 (2016)

	1 990 (2016) OKLAHOMA CHRISTIAN ACADEMY INC	73-1307220	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u> []</u>
1	Briefly describe the organization's mission		
	EDUCATION/TRAINING OF STUDENTS PRE KINDERGARTEN THROUGH GRADE TWELVE		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2,569,659 including grants of \$) (Revenue	\$)
	EDUCATION AND TRAINING OF YOUNG PEOPLE/STUDENTS		
			
			
			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$,
			
			
-4c	(Code) (Expenses \$ Including grants of \$) (Revenue	\$)
			
			
		_ -	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	_
-4e	Total program service expenses ▶ 2,569,659		

Part IV

Checklist of Required Schedules

ADEG(

Page 3

No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 complete Schedule A . . X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes." complete Schedule D. Part V 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Χ 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Χ 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F. Parts II and IV 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G. Part III 19

•			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	ĺ,		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	,	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ĺ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		ļ	{
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			ĺ
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			1
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			İ _
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	l

Pa	Statements Regarding Other IRS Filings and Tax Compliance						
•	Check if Schedule O contains a response or note to any line in this Part V		·		··	-	
4-	Established and beautiful and a few of Established Control of the	ایا		اء ۔		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1b		30	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	ID					
	reportable gaming (gambling) winnings to prize winners?				1c	Х	ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					-11	
_	Statements, filed for the calendar year ending with or within the year covered by this return	2a		182]		ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			–	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorized and the calendar year, did the organization have an interest in, or a signature or other authorized and the calendar year, did the organization have an interest in, or a signature or other authorized and the calendar year.	rıty					ŀ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al					İ
	account)?				4a		X
b	If "Yes," enter the name of the foreign country: ▶				,		ĺ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts and Fi	ints					ĺ
_	(FBAR).				_		37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	•			5b		_ <u>x</u> _
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				5c		
va	organization solicit any contributions that were not tax deductible as charitable contributions?				6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions o	 r			va		
-	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).	• •					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	6					
	and services provided to the payor?				7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?		•		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	ct?	٠		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		•		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88		required?		7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10				7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	tne					ĺ
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.				8		ļ
a	Did the sponsoring organization make any taxable distributions under section 4966?				9a		ĺ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		•	• •	9b		
10	Section 501(c)(7) organizations. Enter		•		-52		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter.						ĺ
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1?]	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					į
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						ļ
а	Is the organization licensed to issue qualified health plans in more than one state?			ļ	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.						ĺ
b	Enter the amount of reserves the organization is required to maintain by the states in which	ايمدا					ĺ
_	the organization is licensed to issue qualified health plans	13b					
с 14а	Enter the amount of reserves on hand	13c			140	i	X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	• •			14a 14b		

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 図 Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 7 Enter the number of voting members included in line 1a, above, who are independent ь 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 . . Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. The governing body? Χ 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No **10a** Did the organization have local chapters, branches, or affiliates? X 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c 13 Did the organization have a written whistleblower policy? 13 Χ 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

JEFF BINGHAM (405)844-6478, 1101 EAST 9TH STREET, Edmond, OK 73034-5706

=orm	990	(201)	6

OKLAHOMA CHRISTIAN ACADEMY INC

73-1307220

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			9
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated Employees	, and
•	Independent Contractors		

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees, and former such persons

	Ţ				(C)			<u>-</u>	<u> </u>	
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JEFF MARTIN BOARD SECRETARY	3.00	Х							0	0
(2) JASON GARNER	5.00	11		_			_			
BOARD CHAIRMAN	3.00	Х						c	0	0
(3) CHRIS McKEEVER	3.00									
BOARD VICE CHAIRMAN	[X					i	l c	o	0
(4) CHRIS ADAIR	2.00									
BOARD MEMBER		Х						c	o	0
(5) ZACH ARCHER	2.00									
BOARD MEMBER		X						l c	0	0
(6) NANCY GRAHAM	2.00									
BOARD MEMBER		X			}			l c	0	0
(7) SUE TAYLOR	2.00									
BOARD MEMBER		Х) [c	0	0
(8) BRANDON TATUM	40.00									
PRESIDENT		Í . I		X		X		106,111	О	0
(9) MARY ANN KELSEY	40.00									
ELEM PRINCIPA]	1	X				57,203	0	0
(10)JEFF_BINGHAM	40.00									
VICE PRESIDENT OF OPPERATIONS				X				105,060	0	0
(11)SADA KNOWLES	40.00									
SECONDARY PRINCIPAL				X				67,980	0	0
(12)GREY POWELL	40.00									
ATHLETIC DIRECTOR	<u> </u>				Х			62,985	0	0
(13)CHERYL COX	40.00									
BOOKKEEPER/ ADM ASSIST	L				X			34,608	0	0
(14)						1				
							<u></u>			

Page 8

registed to the continuation alheets to Part VII, Section A 29 20 21 22 23 3 Dd the organization list any former officer, director, or rustee, key employee, or highest compensation from the organization is 1, sin the sum of portable compensation and other compensation from the organization is 1, sin the sum of portable compensation from the organization is 1, sin the sum of portables of the compensation from the organization is 2 reducted to the organization is 2 reducted to the organization is 3 reducted or the organization of the celendar year ending with or within the organization is 2 reducted to the organization is 3 reducted to the organization of the organization is 2 reducted to the organization of the organization is 2 reducted to the organization of the organization is 3 reducted to the organization of the organization of the organization of the organization is 2 reducted to the organization of the organization of the organization of the organization is 2 reducted to the organization of the organizat		(A) Name and title	(B) Average hours per week (list any	box, u	ınless r and	perso a dire	tion ore the on is octor/	an one both an trustee)	п	(D) Reportable compensation from	(E) Reportable compensation from related organizations	,	(F) Estimate amount cother	of
169] 177] 188] 199] 200] 210] 220] 231] 10 Sub-total 11 Total from continuation sheets to Part VIII, Section A 221] 222] 233] 244] 255] 267] 27 Total inumber of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustees, key employee, or highest compensated employee on line 13° If "Yes," complete Schedule J for such individual in from the organization in the organization in the 13° If "Yes," complete Schedule J for such individual 4 For any individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization or individual is any former officer, director, or trustees, key employee, or highest compensated employees on line 1a° If "Yes," complete Schedule J for such individual 4 For any individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization of If "Yes," complete Schedule J for such person 5 Total inumber of independent Contractors 1 Complete that stable for your the highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person 5 Total inumber of independent Contractors 1 Complete that stable for your the highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. 2 Total number of independent contractors (including but not limited to those listed above) who			related organizations below dotted	dividual trustee director	stitutional trustee	rfficer	ey employee	ighest compensated mployee	ormer	organization		6	from the organizati and relate	e on ed
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Total number of independent contractors (including but not limited to those listed above) who										i	1	Con		on.
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														,
received more than \$100,000 of compensation from the organization ▶					ose I	stec	i ab	ove) w	/ho					

Part	VIII	Statement of Revenue						
'		Check if Schedule O contains a response	or no	te to any line in this	s Part VIII			
				-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Gifts, Grants illar Amounts	1a b c	Federated campaigns	1a 1b 1c 1d	86,940				
Contributions, Gifts, Grants and Other Similar Amounts	e f	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1	•					
e Revenue		SCHOOL TUITION INCOME REGISTR & ACTV FEES	 	Business Code 611600 611600	2,627,663 135,041	2,627,663 135,041		
Program Service Revenue	d e f	All other program service revenue Total. Add lines 2a-2f	_		2,762,704			
	Ť	Investment income (including dividends, inter and other similar amounts)	est, proce	>	1,623	1,623		
	b c	Gross rents		(ii) Personal				
	b	Gross amount from sales of assets other than inventory Less. cost or other basis and sales expenses Gain or (loss) (i) Secunities 34,		(ii) Other		:		
Other Revenue	8a	Net gain or (loss)	- а	112,887	1,731	1,731		
0	ga 9a	Less: direct expenses	i İ	41,437	71,450			71,450
	10a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory	a b					
		Miscellaneous Revenue		Business Code				
	11a b c	LUNCH INCOME	_	611600	130,092	130,092		
	е	All other revenue		F	158,397 288,489 3,212,937	158,397 3,054,547		0 71,450

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX X Do not include amounts reported on lines 6b, 7b, (B) (C) Total expenses Management and Program service 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members . Compensation of current officers, directors, trustees, and key employees 433,947 433,947 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 1,689,146 1,496,674 192,472 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 107,152 87,570 9 Other employee benefits . . . 19,582 Payroll taxes . . . 10 135,014 104,457 30,557 11 Fees for services (non-employees) Management Legal . 2,190 2,190 Accounting 5,690 5,690 Lobbying Professional fundraising services. See Part IV, line 17 . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 3,733 3,733 13 Office expenses 54,816 54,816 14 information technology 15 Rovalties . . 16 Occupancy . 183,598 183,598 17 Travel . 8,502 8,502 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 interest . . 62,310 62,310 21 Payments to affiliates . . . 22 Depreciation, depletion, and amortization 229,267 229,267 23 Insurance 44,293 44,293 24 Other expenses litemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) LUNCH FUND 109,203 109,203 LEASE AND MAINTENANCE 11,722 11,722 DUES AND SUBSCRIPTIONS C 10,124 10,124 d е All other expenses 363,238 230,441 132,797 25 Total functional expenses. Add lines 1 through 24e 3,453,945 2,569,659 884,286 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and following SOP 98-2 (ASC 958-720)

Form 990 (2016)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 229,983 209,492 Cash - non-interest-bearing 1 2 1,800 241,090 2 Savings and temporary cash investments 3 Pledges and grants receivable, net . 48,198 45,864 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . 7 7 Notes and loans receivable, net 23,790 25,256 8 Inventories for sale or use 22,249 21,457 9 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D . 4,754,872 10b 1,723,145 3,151,021 3,031,727 Less accumulated depreciation b 41,387 Investments - publicly traded securities 37,322 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 . 3,751,319 16 3,379,317 16 Total assets. Add lines 1 through 15 (must equal line 34) . . Accounts payable and accrued expenses 157,987 17 191,212 17 18 18 Grants payable 19 551,769 19 Deferred revenue 600,410 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 1,370,360 23 1,255,394 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 2,128,757 1,998,375 26 Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright 🔯 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,541,017 1,331,543 27 7,663 41,540 28 28 40,005 41,736 29 Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 1,622,562 33 1,380,942 33 Total net assets or fund balances 3,751,319 3,379,317 34 Total liabilities and net assets/fund balances

Form	990 (2016) OKLAHOMA CHRISTIAN ACADEMY INC	73-13072	ZO	Pa	age 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	3,	212,	937
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	453,	945_
3	Revenue less expenses. Subtract line 2 from line 1	3	(241 <u>,</u>	(800
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	1,	622,	562_
5	Net unrealized gains (losses) on investments	5		(<u>612)</u>
6	Donated services and use of facilities	6			
7	investment expenses	7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0_
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1			
_	33, column (B))	10	1,	380,	942_
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · · · · · · · · · · · · · · · ·		· · _	
				Yes	No
1	Accounting method used to prepare the Form 990	<u>_</u>			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.			ļ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	_ X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
				ſ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36	l	

EEA

Form **990** (2016)

SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2016

Open to Public Inspection

(Form 990 or 990-EZ) Department of the Treasury

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

Employer identification number

		MA CHRISTIAN ACADEMY INC					73-13072	20	
Pa	rt 🗓	Reason for Public Charit	y Status (All o	rganizations must c	omplete	this par	t.) See instructio	ns.	
he	orgai	nization is not a private foundation bec	ause it is: (For lines	1 through 12, check on	y one box.)	-	_	
1		A church, convention of churches, or	association of chur	rches described in sectio	on 170(b)(1)(A)(i).		1	
2	X	A school described in section 170(b)	(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ))			() 4	
3		A hospital or a cooperative hospital se	ervice organization	described in section 17	0(b)(1)(A)	iii).		$\overline{}$	
4		A medical research organization oper	ated in conjunction	with a hospital described	d in sectio	n 170(b)(1)(A)(iii). Enter the		
		hospital's name, city, and state							
5		An organization operated for the bene	efit of a college or u	niversity owned or opera	ted by a go	overnment	al unit described in		
		section 170(b)(1)(A)(iv). (Complete	Part II)						
6		A federal, state, or local government	or governmental un	it described in section 1	70(b)(1)(A)(v).			
7		An organization that normally receive	s a substantial part	of its support from a gov	rernmental	unit or from	m the general public		
		described in section 170(b)(1)(A)(vi)	. (Complete Part II)					
8		A community trust described in section							
9		An agricultural research organization			ated in con	junction wi	th a land-grant colleg	е	
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions) Enter th	e name, ci	ty, and stat	te of the college or		
		university				•	· ·		
0		An organization that normally receive	s ⁻ (1) more than 33	1/3% of its support from	contribution	ons, memb	ership fees, and gros		
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ons, and (2) no more	than 33 1/3% of its		
		support from gross investment incom							
		acquired by the organization after Jur							
1		An organization organized and operat	ted exclusively to te	est for public safety See	section 5	09(a)(4).			
2		An organization organized and opera-	ted exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purpos	es	
		of one or more publicly supported org							
		Check the box in lines 12a through 12							
	а	Type I. A supporting organization				•		-	
		the supported organization(s) the		-		-			
		supporting organization You mu			•				
	b	Type II. A supporting organization	n supervised or cor	ntrolled in connection with	its suppo	rted organi	zation(s), by having		
		control or management of the sup						d	
		organization(s). You must comp		•			•		
	С	☐ Type III functionally integrated.	A supporting organ	nization operated in conf	ection with	n, and func	tionally integrated wit	h,	
		its supported organization(s) (see							
	d	☐ Type III non-functionally integral	ated. A supporting	organization operated in	connection	n with its si	upported organization	n(s)	
		that is not functionally integrated.							
		requirement (see instructions). Yo	ou must complete	Part IV, Sections A and	d D, and P	art V.			
	е	Check this box if the organization	received a written	determination from the II	RS that it is	s a Type I,	Type II, Type III		
		functionally integrated, or Type III	non-functionally in	itegrated supporting orga	nızatıon				
	f	Enter the number of supported organi	zations						
	g	Provide the following information about	ut the supported or	ganization(s)	_				
	(i	Name of supported organization	(ii) EIN	(III) Type of organization	(iv) is the c	rganization	(v) Amount of monetary	(vi) Amo	unt of
				(described on lines 1-10 above (see instructions))	listed in you docum	ur governing	support (see instructions)	other supp	
				above (see institutions))	Gocum		instructions)	Instituc	uoris)
					Yes	No			
A)									
B)									
<u>.,</u>						<u> </u>			
C)			Į,		ļ				
- -		· · · · · · · · · · · · · · · · · · ·				<u> </u>			
D)									
_, 					<u> </u>				
E)					}	}		}	
									
]		1		

Part II

73-1307220 OKLAHOMA CHRISTIAN ACADEMY INC Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨 📗	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 .						
5	The portion of total contributions by		ļ.			<i>Y</i>	1
	each person (other than a		1		1 1	1	
	governmental unit or publicly		1		1 /		
	supported organization) included on						
	line 1 that exceeds 2% of the amount		l				
	shown on line 11, column (f)		<u> </u>				
6	Public support. Subtract line 5 from line 4					•	
	tion B. Total Support			- 			T
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					ļ	
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	<u> </u>	<u>. /_</u>	th, or fifth tax year a	as a section 501(c	c)(3) · · · · · · · · · · · · · · · · · · ·	▶□
Sec	tion C. Computation of Public Su					T T	
14	Public support percentage for 2016 (line 6, c	· · · · · · · · · · · · · · · · · · ·	-	(1))	• • • •	14	<u>%</u> %
15	Public support percentage from 2015 Sched					. 15	
16a	33 1/3% support test - 2016. If the organiza					ECK INIS	, n
	box and stop here. The organization qualified		_			· · · · · ·	. •
b	33 1/3% support test - 2015. If the organization could be a support test - 2015 and the support test - 2015 are supported to the support test - 2015 and the support test - 2015 are supported to the support test - 2015 and the support test - 2015 are support test - 2015 and the support test - 2015 are support test - 2015 and the support test - 2015 are support test	/			S 33 1/3% Or MOR	e, cneck	<u>,</u>
47-	this box and stop here. The organization qu	<i>A</i>				 4 m	. •
17a	10%-facts-and-circumstances test - 2016.	_					
	10% or more, and if the organization meets to				-		
	Part VI how the organization meets the "fact		-	mzauon quannes a	ο α μυνιικίν δυρρα	n leu	
L	organization		 n did not chock a h		16b or 17c and	 Ima	• _
D	10%-facts-and-circumstances test. 2015.	•				iii l e	
	15 is 10% or more, and if the organization me Explain in Part VI how the organization meet					diely	
	EXDIBITE IT FAIL VEROW THE OLD UNITED THE	sine racis-and-c	arcumstances tes	The organization	quames as a pub	лісіў	
	- /						▶ □
18	supported organization Private foundation. If the organization did r						. • [

L:	(Complete only if you check	ked the box o	n line 10 of Part	I or if the org	anızation faıled	to qualify und	ler Part Jr.
<u>-</u>	If the organization fails to q	uality under ti	ne tests listed b	elow, please o	complete Part I	l.)	
	ction A. Public Support	() 0040	42.0040	() 00 ()	1	1	
	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise				 	 	
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					 	
•	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						-
•	organization's benefit and either paid					ľ	
	to or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		-		_ /		
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		 				
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			,			
	line 6)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources		//	- 1	-	-	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	/	1				
^	acquired after June 30, 1975 . Add lines 10a and 10b .		<u> </u>		+	 	
			 		1		_
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on .						
40	· · · · · · · · · · · · · · · · · · ·	/					
12	Other income Do not include gain or loss from the sale of capital assets	,					
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the org	anization's first, s	second, third, fourth,	or fifth tax year a	s a section 501(c)	(3)	
	organization, check this box and stop here		<u></u>				▶ 🗌
	ction C. Computation of Public Su						
15	Public support percentage for 2016 (line 8, co					15	%
16 Sec	Public support percentage from 2015 Scheduletion D. Computation of Investmen				· · · ·	16	%
<u> 3ec</u> 17	Investment income percentage for 2016 (line					1 47	
18	Investment income percentage from 2015 Sch			umm (1)) .		17	%
	₹					[18	%
ısa	33 1/3% support tests - 2016. If the organiza 17 is not more than 33 1/3%, check this box a	uon ala not check nd ston here Th	k the box on line 14, ne organization quali	and line 15 is mo	re than 33 1/3%, a	nd line	▶ □
h	33 1/3% support tests - 2015. If the organiza				_		📙
	line 18 is not more than 33 1/3%, check this be	ox and stop he re	. The organization of	iirie 19a, and ilne Jualifies as a bubl	icly supported organic	3 1/3%, and anization	▶ □
20	Private foundation. If the organization did no						▶ □

Supporting Organizations Part IV

(Complete only if you checked a box in line 12 of Part I, If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A	. All Su	pporting (Organizations	

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
 - Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	,	Yes	No
	1		
	2		
	-		
	3a		
	3b		
)	_		
	3c		
	4a	•	
	4b		
	4.5	-	
	4c		
	70		
	5a		
	5b 5c		
	30		
	6		
	•		
	_		
	7		
	8		
	9a		
	Ju		
	9b		
	9c		
	30		
	10a		
	10b		
A (E		000	F7) 2016

	ule A (Form 990 or 990-EZ) 2016 OKLAHOMA CHRISTIAN ACADEMY INC 73-1307220		P	age 5
Pai	tt IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			i
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
_		[Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			i
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			:
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			:
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		:	
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	1	İ
Sec	tion C. Type II Supporting Organizations		L	—
		_	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			į
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			İ
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			İ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			ĺ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ĺ
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described in (0), did the exception's supported exceptions have a			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			ĺ
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		ĺ
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		L	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instr	ıctio	
а				
b				
С		/ (see	ınstru	ictions
2			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			ĺ
	those supported organizations and explain how these activities directly furthered their exempt purposes,		i	
	how the organization was responsive to those supported organizations, and how the organization determined			İ
	that these activities constituted substantially all of its activities.	2a		L
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		ļ	
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		}	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	

73-1307220

Pà	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying	trust	t on Nov. 20, 1970 (exp	laın ın Part VI). See
	instructions. All other Type III non-functionally integrated supporting organia	zatio	ns must complete Secti	ons A through E.
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		,
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	llection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	T		
ıns	structions for short tax year or assets held for part of year):	١.		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	actors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
er	nergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	/-inte	grated Type III support	ng organization (see
	instructions).		<u>.</u>	

Part V . Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sec	tion D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes				
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	tions				
4	Amounts paid to acquire exempt-use assets	"				
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the	ne organization is respon	sive	_		
	(provide details in Part VI). See instructions.	-				
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016	, , ,				
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2016:	······································		•••••••••••••••••••••••••••••••••••••••		
а						
b						
c From 2013						
d	d From 2014					
е	From 2015	' '				
f	Total of lines 3a through e			······································		
g	Applied to underdistributions of prior years					
h	Applied to 2016 distributable amount					
i	Carryover from 2011 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			***************************************		
4	Distributions for 2016 from					
	Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2016 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2016, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI See instructions.					
6	Remaining underdistributions for 2016. Subtract lines 3h					
	and 4b from line 1 For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2017. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:	<u>.</u>		***************************************		
а	7 777		,			
b	Excess from 2013 .			***************************************		
C	Excess from 2014					
d	Excess from 2015					

e Excess from 2016

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2016

OMB No 1545-0047

Inspection

Open to Public

Name of the organization Employer identification number OKLAHOMA CHRISTIAN ACADEMY INC 73-1307220 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X . . .

73-1307220

Pai	till Organizations Maintaining C	ollections of Art	, Historical Tr	easures, or	Otner Similar As	ssets (continu	ied)
3.	Using the organization's acquisition, accession,	and other records, che	ck any of the follow	ring that are a si	gnificant use of its		
	collection items (check all that apply):	_					
а	Public exhibition	d 🗌 Loan d	r exchange progra	ms			
b	Scholarly research	e 🗌 Other					
С	Preservation for future generations						
4	· · · · · · · · · · · · · · · · · · ·						
	XIII						
5	During the year, did the organization solicit or rec	•			r	_	_
<u></u>	assets to be sold to raise funds rather than to be		the organization's o	collection?	<u> </u>	U Yes	∐ No
Pal	Escrow and Custodial Arrang	<i>*</i>				. –	
	Complete if the organization an 990, Part X, line 21.	swered "Yes" on I	-orm 990, Parl	IV, line 9, oi	r reported an amo	ount on Form	
1a	Is the organization an agent, trustee, custodian of	or other intermediary fo	r contributions or o	ther assets not		_	
	ıncluded on Form 990, Part X?					. LYes	∐ No
b	If "Yes," explain the arrangement in Part XIII and	complete the following	table:		Г		
					Aı	mount	
С	Beginning balance				1c		
d	Additions during the year		•		1d		
е	Distributions during the year .				1e		
f	Ending balance	•			1f		
2a	Did the organization include an amount on Form				•	∐ Yes	∐ No
_ <u>b</u>	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the explana	tion has been prov	ided on Part XIII	<u> </u>		
Pa	Endowment Funds.						
	Complete if the organization an	swered "Yes" on	Form 990, Part	IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years bad			
1a	Beginning of year balance	46,606	48,647	65,5	97 58,22	53,	618
b	Contributions						500
C	Net investment earnings, gains, and						
	losses	2,934	(513)	(2,2		26 7,	398
d	Grants or scholarships	8,000	1,478	14,6	77		
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses	65	50			60	50
g	End of year balance	41,475	46,606	48,6	47 65,59	61,	466
2	Provide the estimated percentage of the current	year end balance (line	1g, column (a)) he	ld as			
а	Board designated or quasi-endowment	%					
b	Permanent endowment ► 100.00 %						
С	Temporarily restricted endowment	%					
	The percentages in lines 2a, 2b, and 2c should e	•					
3a	Are there endowment funds not in the possession	n of the organization the	nat are held and ad	ministered for th	ne		
	organization by					Yes	No
	(i) unrelated organizations					. 3a(i)	X
	(ii) related organizations					3a(ii)	X
b	If "Yes" on 3a(II), are the related organizations list	•				3b	<u></u>
4	Describe in Part XIII the intended uses of the org		t funds.				
Pa	rt VII Land, Buildings, and Equipm						
	Complete if the organization an	swered "Yes" on	Form 990, Part	t IV, line 11a	. See Form 990, I	Part X, line 10) <u>. </u>
	Description of property	(a) Cost or other I		r other basis other)	(c) Accumulated depreciation	(d) Book value	•
1a	Land	1,249	,058	<u> </u>		1,249,	058
b	Buildings	2,771		55,685	1,251,331	1,575,	
С	Leasehold improvements		,756	7,480	66,085		151
d	Equipment		,378	47,538	386,945	156,	
е	Other STMD11		,929	2,600	18,784		745
Tota	I. Add lines 1a through 1e. (Column (d) must equi					3,031,	
	<u> </u>	,,					

EEA

	Complete if the organization answ	-	IV, line 11b. See Form 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial	derivatives		
	eld equity interests		
Other			
A)			
3)			
C)			
D)			
≣)			
F)			
G)		_	
1)			
) must equal Form 990, Part X, col (B) line 12)	<u> </u>	
art VIII	Investments - Program Related	I.	HIV line 11e See Form 990 Part Y line 1
	Complete if the organization ansi	wered tes on Form 990, Fan	t IV, line 11c. See Form 990, Part X, line 1
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1)			555, 51 5115 51 752 112 112 112 112 112 112 112 112 112 1
1) 2)			
3)			
3) 4)			
<u>5)</u>			
(6)			
(7)			
(8) (9)	o) must equal Form 990, Part X, col (B) line 13) Other Assets.	>	
8) 9) al. (Column (b	Other Assets.		t IV, line 11d. See Form 990, Part X, line 1
8) 9) al. (Column (b	Other Assets. Complete if the organization ans	wered "Yes" on Form 990, Par	
(8) (9) al. (Column (b) Part IX	Other Assets.	wered "Yes" on Form 990, Par	
(8) (9) (a). (Column (b) (art IX) (1) FUNDS (2)	Other Assets. Complete if the organization ans	wered "Yes" on Form 990, Par	
(8) (9) al. (Column (b 'art IX) (1) FUNDS (2) (3)	Other Assets. Complete if the organization ans	wered "Yes" on Form 990, Par	
(8) (9) al. (Column (b Part IX) (1) FUNDS (2) (3)	Other Assets. Complete if the organization ans	wered "Yes" on Form 990, Par	
(8) (9) Part IX	Other Assets. Complete if the organization ans	wered "Yes" on Form 990, Par	
(8) (9) (a). (Column (b) (art IX) (1) FUNDS (2) (3) (4) (5)	Other Assets. Complete if the organization ans	wered "Yes" on Form 990, Par	
8) 9) al. (Column (b) art IX 1) FUNDS (2) (3) (4) (5) (6)	Other Assets. Complete if the organization ans	wered "Yes" on Form 990, Par	
8) 9) al. (Column (b art IX 1) FUNDS 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization ans S HELD BY OTHERS	wered "Yes" on Form 990, Par	(b) Book value
(8) (9) (al. (Column (b) (art IX) (1) FUNDS (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ans S HELD BY OTHERS onn (b) must equal Form 990, Part X, col. (B) li	wered "Yes" on Form 990, Par	
(8) (9) al. (Column (b) (aft IX) (1) FUNDS (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ans S HELD BY OTHERS Inn (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization ans	wered "Yes" on Form 990, Par (a) Description	(b) Book value
(1) FUNDS (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ans S HELD BY OTHERS Inn (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization ans line 25.	wered "Yes" on Form 990, Par (a) Description ine 15.) wered "Yes" on Form 990, Par	(b) Book value
8) 9) al. (Column (b art IX 1) FUNDS 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b art X	Other Assets. Complete if the organization ans B HELD BY OTHERS The state of the organization and the state of the organization and the state of the organization and the state of the organization and the state of the organization and the state of the organization and the state of the organization and the state of the organization and the state of the organization and the state of the state of the organization and the state of the state of the state of the organization and the state of the sta	wered "Yes" on Form 990, Par (a) Description	(b) Book value
8) 9) al. (Column (b art IX 1) FUNDS 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b art X	Other Assets. Complete if the organization ans S HELD BY OTHERS Inn (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization ans line 25.	wered "Yes" on Form 990, Par (a) Description ine 15.) wered "Yes" on Form 990, Par	(b) Book value
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8) 9) al. (Column (b art IX 1) FUNDS 2) 3) 4) 55 66 77 8) 99 ttal. (Colum art X (1) Federal (2) (3) (4) (5)	Other Assets. Complete if the organization ans B HELD BY OTHERS The state of the organization and the state of the organization and the state of the organization and the state of the organization and the state of the organization and the state of the organization and the state of the organization and the state of the organization and the state of the organization and the state of the state of the organization and the state of the state of the state of the organization and the state of the sta	wered "Yes" on Form 990, Par (a) Description ine 15.) wered "Yes" on Form 990, Par	(b) Book value
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Par	TXI. Reconciliation of Revenue per Audited Financial Stateme				r Retur	'n.
•	Complete if the organization answered "Yes" on Form 990, P	art IV	/, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements	•			1	3,253,762
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-	(612	<u> </u>	
b	Donated services and use of facilities	2b			1 1	
С	Recoveries of prior year grants	2c			4 1	
d	Other (Describe in Part XIII)	2d		41,437	1 1	10.005
е	Add lines 2a through 2d				2e	40,825
3	Subtract line 2e from line 1	i		•	3	3,212,937
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b			-	
b	Other (Describe in Part XIII.)				4c	
_C	Add lines 4a and 4b				5	3,212,937
5 Dai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial State					
r ex	Complete if the organization answered "Yes" on Form 990, I				p 0	, 131111
1	Total expenses and losses per audited financial statements				1	3,495,382
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.					<u> </u>
- a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b			1 1	
C	Other losses	2c				
d	Other (Describe in Part XIII)	2d		41,437	7	
e	Add lines 2a through 2d				2e	41,437
3	Subtract line 2e from line 1			•	3	3,453,945
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			_	
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b				4c	
•						
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<u> </u>		5	3,453,945
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.		· · · · · ·	<u> </u>		
Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1.	es 1b a				
Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.	es 1b a				
Pa Prov 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	es 1b a	nal inforr	mation	art X, line	
Pa Prov 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1.	es 1b a	nal inforr	mation	art X, line	
5 Pa Prov 2; Pa 01	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, liner 1 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (F	es 1b a addition	xI,	mation	art X, line	
5 Pa Prov 2; Pa 01	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	es 1b a addition	xI,	mation	art X, line	
5 Pa Prov 2; Pa 01	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, liner 1 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (F	es 1b a addition	xI,	mation	art X, line	
Pa Prov 2; Pa O1 FUN	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, liner 1 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (F	es 1b a addition	xI,	mation	art X, line	
5 Pa Prov 2; Pa 01	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, liner 1 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (F	es 1b a addition	xI,	mation	art X, line	
Pa Prov 2; Pa O1 FUN	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, liner 1 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (F	es 1b a addition	xI,	mation	art X, line	
Pa Prov 2; Pa O1 FUN	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, liner 1 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (F	es 1b a addition	xI,	mation	art X, line	
Pa Prov 2; Pa O1 FUN	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, liner 1 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (F	es 1b a addition	xI,	mation	art X, line	
Pa Prov 2; Pa O1 FUN	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, liner 1 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (F	es 1b a addition	xI,	mation	art X, line	
Pa Prov 2; Pa O1 FUN	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, liner 1 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (F	es 1b a addition	xI,	mation	art X, line	
Pa Prov 2; Pa O1 FUN	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, liner 1 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (F	es 1b a addition	xI,	mation	art X, line	
Pa Prov 2; Pa O1 FUN	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, liner 1 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (F	es 1b a addition	xI,	mation	art X, line	
Pa Prov 2; Pa O1 FUN	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, liner 1 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (F	es 1b a addition	xI,	mation	art X, line	
Pa Prov 2; Pa O1 FUN	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, liner 1 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (F	es 1b a addition	xI,	mation	art X, line	
Pa Prov 2; Pa O1 FUN	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, liner 1 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (F	es 1b a addition	xI,	mation	art X, line	
Pa Prov 2; Pa O1 FUN	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, liner 1 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (F	es 1b a addition	xI,	mation	art X, line	
Pa Prov 2; Pa O1 FUN	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, liner 1 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (F	es 1b a addition	xI,	mation	art X, line	
Pa Prov 2; Pa O1 FUN	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, liner 1 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (F	es 1b a addition	xI,	mation	art X, line	
Pa Prov 2; Pa O1 FUN	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, liner 1 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (F	es 1b a addition	xI,	mation	art X, line	
Pa Prov 2; Pa O1 FUN	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, liner 1 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (F	es 1b a addition	xI,	mation	art X, line	
Pa Prov 2; Pa O1 FUN	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, liner 1 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (F	es 1b a addition	xI,	mation	art X, line	

Schedule D (Form 990) 2016 OKLAHOMA CHRISTIAN ACADEMY INC Part XIII Supplemental Information (continued)	73-1307220	Page 5
02. Other revenues included on Form 990 (Part XI, line 4b)		
FUND RAISING REVENUE AND EXPENSE IS NETTED ON THE FORM 990		
03. Other expenses not included on Form 990 (Part XII, line	2d)	
FUND RAISING EXPENSE-FUND RAISING INCOME SHOWN AS NET ON FORM 990		
04. Other expenses included on Form 990 (Part XII, line 4b)		
FUND RAISING EXPENSE AND FUND RAISING REVENUE ARE NETTED ON FORM 990		
An audit committee was appointed during the year ended June 30, 2013, however	, there were	··
no changes in the oversight or selection process during the year.		
	-	
		

SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

73-1307220

KL	AHOMA CHRISTIAN ACADEMY INC 73-1307220			_
a,	11			
			YES	N
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		1,77	
	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	Ļ
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its		1	
	brochures, catalogues, and other written communications with the public dealing with student admissions,		F	
	programs, and scholarships?	2	X	<u> </u>
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please		ŀ	
	describe. If "No," please explain If you need more space, use Part II	3	X	ļ.
				-
	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	X	╀
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	1
	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	ļ.
	Does the organization discriminate by race in any way with respect to:			-
	Students' rights or privileges?	5a		+
	Admissions policies?	5b		+
	Employment of faculty or administrative staff?	5c		+
	Scholarships or other financial assistance?	5d	ļ	
	Educational policies?	5e		1
	Use of facilities?	5f		
	Athletic programs?	5g		
	Other extracurricular activities?	5h		-
			}	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a		_
	Has the organization's right to such aid ever been revoked or suspended?	6b		_[
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.		1 "	1
	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.R. 587, covering racial producting injurious If "No." explain on Part II	1 7	l v	ı

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

	_	
Name	of the	organization

Open to Public Inspection

Name of the organization						Employer ide	ntification number		
OKLAHOMA CHRISTIAN ACADEMY INC						73-1307220			
Part I Fundraising Activities Form 990-EZ filers are no				swered "Yes" on	Form 99	90, Part IV	, line 17.		
1 Indicate whether the organization rais				ities Check all that an	oply.				
a Mail solicitations e Solicitation of non-government grants									
b Internet and email solicitations		f 🗌	Solicitation of	of government grants					
c Phone solicitations		g 🗌	Special fund	Iraising events					
d In-person solicitations									
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,									
or key employees listed in Form 990,	Part VII) or entity	n connectio	n with profes	sional fundraising ser	vices?		es 🗌 No		
b If "Yes," list the 10 highest paid individ	duals or entities (fundraisers) į	pursuant to a	greements under whi	ch the fun	draiser is to b	e		
compensated at least \$5,000 by the o	rganization								
	_								
(i) Name and address of individual		(iii) Did fundraiser have		(iv) Gross receipts		ount paid to	(vi) Amount paid to (or retained by) organization		
or entity (fundraiser)	(ii) Activity		r control of outlons?	from activity	(or retained by) fundraiser listed in col (i)				
		Yes	No			:ol (ı)	organization		
1									
2		 							
	<u> </u>	<u> </u>							
3									
4									
5									
6									
7									
8		 		,					
9									
10					-				
					_				
Total			▶						
3 List all states in which the organization				tions or has been not	fied it is e	xempt from			
registration or licensing.									
							····		

•		than \$15,000 of fundraising gross receipts greater than		d gross income on Forn	n 990-EZ, lines 1 and 6	b. List events with			
		gross receipts greater than	(a) Event #1 FALL FRENZY (event type)	(b) Event #2 AUCTION DINN (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))			
Revenue	1	Gross receipts	51,218	52,424	9,245	112,887			
	2	Less Contributions				_ -			
	3	Gross income (line 1 minus				440 000			
_		line 2)	51,218	52,424	9,245	112,887			
	4	Cash prizes							
!	5	Noncash prizes							
enses	6	Rent/facility costs							
Direct Expenses	7	Food and beverages .							
Dire	8	Entertainment .							
	9	Other direct expenses	24,058	17,379		41,437			
	10	Direct expense summary Add lines				41,437			
D-	11 int	Net income summary. Subtract line			>	71,450			
7.6	4 + 11	Gaming. Complete if the of than \$15,000 on Form 990		res on Form 990, Par	t iv, line 19, or reported	i more			
Ф.				(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other garning	col (a) through col (c))			
æ	1	Gross revenue							
ses	2	Cash prizes							
ect Expenses	3	Noncash prizes			-				
Direct	4	Rent/facility costs							
	5	Other direct expenses							
			☐ Yes %	☐ Yes%	☐ Yes%	······································			
	6	Volunteer labor	☐ No	☐ No	□ No				
	7	Direct expense summary Add lines							
	8	Net gaming income summary Subt	ract line 7 from line 1, colur	nn (d)					
Part the state(s) in which the organization conducts gaming activities a ls the organization licensed to conduct gaming activities in each of these states?									
		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?							
	_								

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Employer Identification number

OKLAHOMA CHRISTIAN ACADEMY INC 73-1307220 01. Form 990 governing body review (Part VI, line 11) A copy of the Form 990 and required schedules was furnished to the Chairman of the Board of Trustees for review and approval before signing by the President who then files the original return with the IRS. Conflict of interest policy compliance (Part VI, line 12c) THE BOARD OF TRUSTEES REVIEWS AND APPROVES MAJOR CONTRACTS AND ALSO REVIEWS AND APPROVES MAJOR EXPENDITURES OVER A CERTAIN LEVEL. ALSO, EACH BOARD MEMBER SIGNS AN INITIAL AFFIRMATION OF SERVICE STATEMENT AND A CONFLICT OF INTEREST POLICY. THE BOARD MEMBERS, THEN, ON AN ANNUAL BASIS SIGN AND RENEW THESE TWO DOCUMENTS. 03. CEO, executive director, top management comp (Part VI, line 15a) THE BOARD OF TRUSTEES DETERMINES AND APPROVES THE SALARY OF THE TOP MANAGEMENT EMPLOYESS AS WELL AS SETTING THE SCALE FOR FACULTY SALARIES. FACULTY SALARIES ARE DETERMINED BY USING THE OKLAHOMA STATE DEPT OF EDUC. SCALE AND OTHER SALARIES ARE COMPARED TO SIMILAR PRIVATE SCHOOLS IN THE AREA. 04. Other officer or key employee compensation (Part VI, line 15b THE BOARD OF TRUSTEES APPROVES KEY EMPLOYEE COMPENSATION USING SIMILAR PRIVATE SCHOOLS IN THE AREA AS INFORMATION SOURCES. THESE REVIEWS ARE DONE ON AN ANNUAL BASIS. 05. Governing documents, etc, available to public (Part VI, line 19) OTHER DOCUMENTS ARE MADE AVAILABLE UPON REQUEST TO THE BOARD OF TRUSTEES OR TO THE PRESIDENT.

Resolver Identification number RELAINOMA CHRISTIAN ACADEMY INC 73-1307220 73-130720 73-1307220 73-1307220 73-1307220 73-1307220 73-1307220 73	Schedule O (Form 990 or 990-EZ) (2016)		age 2
O6. List of other expenses (Part IX, line 24e) SEE OVERFLOW STATEMENT FOR A DETAILED LIST OF THESE EXPENSES. O7. General explanation attachment THE FORM 990 AND REQUIRED SCHEDULES ARE REVIEWED BY THE BOARD CHAIRMAN AND THE CHIEF	Name of the organization	Employer Identification number	
O7. General explanation attachment THE FORM 990 AND REQUIRED SCHEDULES ARE REVIEWED BY THE BOARD CHAIRMAN AND THE CHIEF	OKLAHOMA CHRISTIAN ACADEMY INC	73-1307220	—–
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07. General explanation attachment THE FORM 990 AND REQUIRED SCHEDULES ARE REVIEWED BY THE BOARD CHAIRMAN AND THE CHIEF	06. List of other expenses (Part IX, line 24e)		
07. General explanation attachment THE FORM 990 AND REQUIRED SCHEDULES ARE REVIEWED BY THE BOARD CHAIRMAN AND THE CHIEF	SEE OVEREIOW STATEMENT FOR A DETAILED LIST OF THESE EXPENSES		
THE FORM 990 AND REQUIRED SCHEDULES ARE REVIEWED BY THE BOARD CHAIRMAN AND THE CHIEF	DEL OVERTEON STRIEMENT TOK A DETAILED ETST OF TREES EXTENDED.		
THE FORM 990 AND REQUIRED SCHEDULES ARE REVIEWED BY THE BOARD CHAIRMAN AND THE CHIEF			
THE FORM 990 AND REQUIRED SCHEDULES ARE REVIEWED BY THE BOARD CHAIRMAN AND THE CHIEF			
	07. General explanation attachment		
	THE FORM GOD AND RECITED COMEDITES ARE DEVIEWED BY THE BOARD CHAIRMAN AN	ID THE CHIFF	
FINANCIAL OFFICER AND THEN BY THE PRESIDENT WHO THEN SIGNS AND MAILS THE RETURN.	THE FORM 990 AND REQUIRED SCHEDULES ARE REVIEWED BY THE BOARD CHAIRMAN AN	do The Chief	
	FINANCIAL OFFICER AND THEN BY THE PRESIDENT WHO THEN SIGNS AND MAILS THE	RETURN.	