

Form **990**

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p align="center"><b>CONCORD CHRISTIAN ACADEMY</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>37 REGIONAL DRIVE</b></p> City or town, state or province, country, and ZIP or foreign postal code <p><b>CONCORD NH 03301</b></p>	<b>D</b> Employer identification number <p><b>20-5009013</b></p> <b>E</b> Telephone number <p><b>603-228-8888</b></p> <b>G</b> Gross receipts \$ <b>2,069,759</b>
<b>F</b> Name and address of principal officer: <p><b>BRIAN BURBACH</b> <b>37 REGIONAL DRIVE</b> <b>CONCORD NH 03301</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number
<b>J</b> Website: <b>WWW.CONCORDCHRISTIAN.ORG</b>		<b>L</b> Year of formation: <b>2006</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>M</b> State of legal domicile: <b>NH</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities:		
		<b>PRE-KINDERGARTEN THROUGH HIGH SCHOOL EDUCATION IN A CHRISTIAN ENVIRONMENT OF INTEGRITY AND SERVICE.</b>	
<b>Activities &amp; Governance</b>	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>5</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>47</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>140</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>127,979</b>	Current Year <b>281,012</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,814,073</b>	<b>1,664,575</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,217</b>	<b>436</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>34,613</b>	<b>101,339</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,978,882</b>	<b>2,047,362</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>1,026,684</b>	<b>997,766</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>117</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>902,004</b>	<b>1,051,979</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,928,688</b>	<b>2,049,745</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>50,194</b>	<b>-2,383</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>8,099,438</b>	End of Year <b>8,163,773</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>6,805,273</b>	<b>6,871,991</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,294,165</b>	<b>1,291,782</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date
	<b>CLAIRE ROBERGE</b> Type or print name and title	<b>TREASURER</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>CHARLENE T. VALLEE, CPA</b>	<b>CHARLENE T. VALLEE, CPA</b>	<b>01/20/20</b>
	Firm's name	Firm's EIN	Check <input checked="" type="checkbox"/> if self-employed PTIN
	<b>HENNESSEY &amp; VALLEE, PLLC</b>	<b>47-5012649</b>	<b>P00049215</b>
	Firm's address	Phone no.	
	<b>125 N STATE STREET</b> <b>CONCORD, NH 03301</b>	<b>603-225-0941</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**PRE-KINDERGARTEN THROUGH HIGH SCHOOL EDUCATION IN A CHRISTIAN ENVIRONMENT OF INTEGRITY AND SERVICE.**

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  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  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 by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **1,469,097** including grants of \$ ) (Revenue \$ **1,664,575** )

**ACCREDITED EDUCATION IN A CHRISTIAN ENVIRONMENT, SERVING 265 STUDENTS IN PRE-KINDERGARTEN THROUGH GRADE 12.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **1,469,097**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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," complete Schedule D, Part VI	X	
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		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	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
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
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? <i>If "Yes," complete Schedule J</i>		<b>X</b>
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
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? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
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 disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
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 entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
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? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<b>X</b>	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> <b>47</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
<b>1a</b>	<b>5</b>		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>1b</b>	<b>5</b>		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>X</b>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</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**

- 17** List the states with which a copy of this Form 990 is required to be filed **NH**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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  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

**ANGELA SYVERTSON  
CONCORD**

**37 REGIONAL DRIVE**

**NH 03301**

**603-228-8888**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>BRIAN BURBACH</b> ..... <b>HEADMASTER</b>	40.00 0.00	X		X				0	0	0
(2) <b>DEAN WHITEWAY</b> ..... <b>HEADMASTER (PAST)</b>	40.00 0.00	X		X			57,083	0	0	0
(3) <b>DAVID JOHNSON</b> ..... <b>HEADMASTER (PAST)</b>	40.00 0.00	X		X			37,375	0	0	0
(4) <b>KEVIN TWOMBLY</b> ..... <b>CHAIR</b>	10.00 0.00	X		X			0	0	0	0
(5) <b>CLAIRE ROBERGE</b> ..... <b>TREASURER</b>	10.00 0.00	X		X			0	0	0	0
(6) <b>MARILYN SYLVESTER</b> ..... <b>SECRETARY</b>	2.00 0.00	X		X			0	0	0	0
(7) <b>CALEB KIRBY</b> ..... <b>TRUSTEE</b>	2.00 0.00	X					0	0	0	0
(8) <b>BARRIE DAIGNEAULT</b> ..... <b>TRUSTEE</b>	2.00 0.00	X					0	0	0	0
(9)										
(10)										
(11)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>							<b>94,458</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>94,458</b>			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		<b>X</b>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		<b>X</b>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		<b>X</b>

**Section B. Independent Contractors**

1 Complete this table for your five 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.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>281,012</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		<b>15,497</b>				
	<b>h Total.</b> Add lines 1a-1f		<b>281,012</b>				
<b>Program Service Revenue</b>	<b>2a</b> <b>TUITION, FEES, AND ATHLETICS</b>	Busn. Code	<b>1,664,575</b>	<b>1,664,575</b>			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		<b>1,664,575</b>				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>436</b>			<b>436</b>
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<b>6a</b> Gross rents		(i) Real	<b>86,512</b>				
		(ii) Personal					
		<b>b</b> Less: rental exps.					
<b>c</b> Rental inc. or (loss)			<b>86,512</b>				
<b>d</b> Net rental income or (loss)			<b>86,512</b>	<b>86,512</b>			
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis & sales exps.					
		<b>c</b> Gain or (loss)					
<b>d</b> Net gain or (loss)							
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		<b>a</b>	<b>37,224</b>				
		<b>b</b> Less: direct expenses	<b>22,397</b>				
		<b>c</b> Net income or (loss) from fundraising events		<b>14,827</b>			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19		<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions.			<b>2,047,362</b>	<b>1,751,087</b>	<b>0</b>	<b>436</b>	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	94,458	94,458		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	833,469	562,912	270,557	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	69,839	48,996	20,843	
11 Fees for services (non-employees):				
a Management	47,891		47,891	
b Legal	2,988		2,988	
c Accounting	7,250		7,250	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	6,750	6,750		
13 Office expenses	14,985	14,985		
14 Information technology	7,521	7,521		
15 Royalties				
16 Occupancy	263,649	263,649		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	200,440		200,440	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	308,057	280,519	27,538	
23 Insurance	30,891	30,891		
24 Other expenses. Itemize 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.)				
a CURRICULUM EXPENSES	114,607	114,607		
b ATHLETIC DEPARTMENT	22,257	22,257		
c STUDENT TRANSPORTATION	16,946	16,946		
d GRADUATION AWARDS AND GIFTS	4,346	4,346		
e All other expenses	3,401	260	3,024	117
25 Total functional expenses. Add lines 1 through 24e	2,049,745	1,469,097	580,531	117
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	<b>96,504</b>	<b>1</b>	<b>182,813</b>
	<b>2</b> Savings and temporary cash investments	<b>478,724</b>	<b>2</b>	<b>200,463</b>
	<b>3</b> Pledges and grants receivable, net	<b>205,476</b>	<b>3</b>	<b>172,549</b>
	<b>4</b> Accounts receivable, net	<b>51,778</b>	<b>4</b>	<b>36,584</b>
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	<b>7,202</b>	<b>8</b>	<b>5,640</b>
	<b>9</b> Prepaid expenses and deferred charges	<b>24,025</b>	<b>9</b>	<b>12,107</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>9,238,659</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>1,797,932</b>	<b>7,118,046</b>	<b>10c</b> <b>7,440,727</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets	<b>117,683</b>	<b>14</b>	<b>112,890</b>
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>8,099,438</b>	<b>16</b>	<b>8,163,773</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>271,105</b>	<b>17</b>	<b>185,789</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	<b>104,170</b>	<b>19</b>	<b>65,284</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	<b>6,429,998</b>	<b>25</b>	<b>6,620,918</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>6,805,273</b>	<b>26</b>	<b>6,871,991</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	<b>1,065,867</b>	<b>27</b>	<b>1,108,433</b>
	<b>28</b> Temporarily restricted net assets	<b>228,298</b>	<b>28</b>	<b>183,349</b>
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	<b>1,294,165</b>	<b>33</b>	<b>1,291,782</b>	
<b>34</b> Total liabilities and net assets/fund balances	<b>8,099,438</b>	<b>34</b>	<b>8,163,773</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,047,362</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,049,745</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-2,383</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>1,294,165</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>1,291,782</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>3b</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.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

**CONCORD CHRISTIAN ACADEMY**

Employer identification number

**20-5009013**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2018

**Part II 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 Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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 Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations (continued)**

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
  - b** A family member of a person described in (a) above?
  - c** 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.*

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to 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.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported 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.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 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 the supported organization(s).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a 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.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a**  The organization satisfied the Activities Test. *Complete line 2 below.*
  - b**  The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c**  The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

**2** Activities Test. *Answer (a) and (b) below.*

- a** 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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
  - 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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations. *Answer (a) and (b) below.*
- a** 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.*
  - b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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 collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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, see 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
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	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
**Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

Name of the organization

Employer identification number

**CONCORD CHRISTIAN ACADEMY**

**20-5009013**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( **3** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>CONCORD CHRISTIAN ACADEMY</b>	Employer identification number <b>20-5009013</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b>1</b>	..... ..... .....	\$ <b>20,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>2</b>	..... ..... .....	\$ <b>5,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>3</b>	..... ..... .....	\$ <b>35,520</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>4</b>	..... ..... .....	\$ <b>36,200</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>5</b>	..... ..... .....	\$ <b>5,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>6</b>	..... ..... .....	\$ <b>10,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization <b>CONCORD CHRISTIAN ACADEMY</b>	Employer identification number <b>20-5009013</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	..... ..... .....	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	..... ..... .....	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	..... ..... .....	\$ 12,060	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	..... ..... .....	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	..... ..... .....	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>CONCORD CHRISTIAN ACADEMY</b>	Employer identification number <b>20-5009013</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	<b>LANDSCAPING</b> ..... ..... .....	\$ <b>12,060</b>	<b>10/15/18</b>
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....
.....	..... ..... .....	\$ .....	.....



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

CONCORD CHRISTIAN ACADEMY

20-5009013

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and their reporting.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements and their reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-2 regarding collections of art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                       | Amount |
|---------------------------------------|--------|
| c Beginning balance .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....					
b Contributions .....					
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .....
  - b Permanent endowment .....
  - c Temporarily restricted endowment .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations .....  | 3a(i)  |    |
| (ii) related organizations .....   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....		<b>290,380</b>		<b>290,380</b>
b Buildings .....		<b>7,448,670</b>	<b>1,231,144</b>	<b>6,217,526</b>
c Leasehold improvements .....				
d Equipment .....		<b>454,264</b>	<b>378,642</b>	<b>75,622</b>
e Other .....		<b>1,045,345</b>	<b>188,146</b>	<b>857,199</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				<b>7,440,727</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>BONDS PAYABLE</b>	<b>6,109,747</b>	
(3) <b>MCC REFUNDABLE DEPOSITS</b>	<b>511,171</b>	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>6,620,918</b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,047,362
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,047,362
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		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,047,362

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,049,745
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,049,745
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,049,745

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X - FIN 48 FOOTNOTE**

**THE ACADEMY COMPLIES WITH ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES STANDARD, AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. ACCORDINGLY, MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT THE ACADEMY HAS MAINTAINED ITS TAX EXEMPT STATUS, DOES NOT HAVE ANY SIGNIFICANT UNRELATED BUSINESS INCOME, AND HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT OR DISCLOSURE IN ITS FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE ACADEMY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL OR STATE TAX AUTHORITIES FOR YEARS BEFORE 2015.**

**Part XIII** Supplemental Information *(continued)*

Dotted lines for supplemental information.

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

**CONCORD CHRISTIAN ACADEMY**

Employer identification number

**20-5009013**

**Part I**

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	<b>X</b>	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	<b>X</b>	
3 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 describe. If "No," please explain. If you need more space, use Part II <b>PUBLISHED IN LOCAL NEWSPAPER IN JANUARY OF EVERY YEAR. PRINTED ON ALL ADMISSION AND APPLICATION FORMS.</b> .....	<b>X</b>	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	<b>X</b>	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	<b>X</b>	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	<b>X</b>	
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	<b>X</b>	
If you answered "No" to any of the above, please explain. If you need more space, use Part II. .....		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....		<b>X</b>
b Admissions policies? .....		<b>X</b>
c Employment of faculty or administrative staff? .....		<b>X</b>
d Scholarships or other financial assistance? .....		<b>X</b>
e Educational policies? .....		<b>X</b>
f Use of facilities? .....		<b>X</b>
g Athletic programs? .....		<b>X</b>
h Other extracurricular activities? .....		<b>X</b>
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. .....		
6a Does the organization receive any financial aid or assistance from a governmental agency? .....		<b>X</b>
b Has the organization's right to such aid ever been revoked or suspended? .....		<b>X</b>
If you answered "Yes" on either line 6a or line 6b, explain on Part II. .....		
7 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.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....	<b>X</b>	

**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Dotted lines for supplemental information

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Name of the organization

**CONCORD CHRISTIAN ACADEMY**

Employer identification number

**20-5009013**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

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 in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>AUCTION</b> (event type)	(event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	<b>35,096</b>			<b>35,096</b>
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	<b>35,096</b>			<b>35,096</b>
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	<b>476</b>			<b>476</b>
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	<b>19,793</b>			<b>19,793</b>
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				<b>20,269</b>
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				<b>14,827</b>	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: .....

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: .....

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: .....

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:  
a The organization's facility 

13a		%
13b		%

  
b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name .....

Address .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ ..... and the amount of gaming revenue retained by the third party \$ .....

c If "Yes," enter name and address of the third party:

Name .....

Address .....

**16 Gaming manager information:**

Name .....

Gaming manager compensation \$ .....

Description of services provided .....

Director/officer  Employee  Independent contractor

**17 Mandatory distributions:**

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

.....

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**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

**CONCORD CHRISTIAN ACADEMY**

**20-5009013**

**FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS**

**BEN BRAYSHAW**

**DAVID JOHNSON**

**TRUSTEE**

**TRUSTEE**

**FAMILIAL**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**COPIES OF THE FORM 990 WERE DISTRIBUTED TO ALL BOARD MEMBERS PRIOR TO THE  
FORM BEING FILED WITH THE INTERNAL REVENUE SERVICE.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

**THE BOARD REVIEWS THE POLICY FOR ALL NEW MEMBERS TO THE BOARD.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

**COMPENSATION FOR THE OPERATING OFFICER, SCHOOL DIRECTOR AND HEADMASTER ARE  
DETERMINED BY THE BOARD USING COMPARABLE DATA.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS**

**COMPENSATION FOR THE OPERATING OFFICER, SCHOOL DIRECTOR AND HEADMASTER ARE  
DETERMINED BY THE BOARD USING COMPARABLE DATA.**

**FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION**

**DOCUMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE AND ARE ALSO AVAILABLE  
ON-SITE OR BY REQUEST.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

Name of the organization

Employer identification number

**CONCORD CHRISTIAN ACADEMY**

**20-5009013**

**TAX RELATED DOCUMENTS ARE POSTED ON VARIOUS WEBSITES AND ARE AVAILABLE BY  
REQUEST.**

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2018**  
Open to Public Inspection

**CONCORD CHRISTIAN ACADEMY**

Employer identification number  
**20-5009013**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	<b>CONCORD CHRISTIAN ACADEMY GIVING &amp; 37 REGIONAL DRIVE CONCORD NH 03301 20-5069112</b>	<b>EDUCATION</b>	<b>NH</b>	<b>501C3</b>	<b>7</b>	<b>N/A</b>		<b>X</b>
(2)								
(3)								
(4)								
(5)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
DAA

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)	.....												
(2)	.....												
(3)	.....												
(4)	.....												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
									Yes	No
(1)	.....									
(2)	.....									
(3)	.....									
(4)	.....									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
					Yes	No			Yes	No		Yes	No		
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
(11)															





Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**  
Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2018**

Attachment Sequence No. **179**

Name(s) shown on return

**CONCORD CHRISTIAN ACADEMY**

Identifying number  
**20-5009013**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,000,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,500,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>303,264</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>303,264</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

<b>24a</b> Do you have evidence to support the business/investment use claimed?				<b>Yes</b>	<b>No</b>	<b>24b</b> If "Yes," is the evidence written?				<b>Yes</b>	<b>No</b>
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							<b>25</b>				
<b>26</b> Property used more than 50% in a qualified business use:											
		%									
		%									
<b>27</b> Property used 50% or less in a qualified business use:											
		%				S/L-					
		%				S/L-					
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>				
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1										<b>29</b>	

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2018 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2018 tax year				<b>43</b>	<b>4,793</b>
<b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report				<b>44</b>	<b>4,793</b>

20-5009013

**Federal Asset Report**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Building	11/01/07	3,685,125			3,685,125	40 MO S/L	994,797	92,128
2	Chem Lab	9/01/08	29,741			29,741	40 MO S/L	7,064	744
3	Classroom	9/01/11	7,225			7,225	40 MO S/L	1,175	181
4	Classrooms	1/01/11	35,480			35,480	40 MO S/L	6,723	887
5	Construction in Progress	6/30/09	7,500			7,500	0 -- Land	0	0
6	Gym costs inc legal	6/30/16	114,667			114,667	40 MO S/L	2,867	2,866
7	Tile	1/01/09	9,535			9,535	40 MO S/L	2,265	238
8	Equipment	7/01/13	8,500			8,500	5 MO S/L	8,500	0
9	Land	7/01/13	5,000			5,000	0 -- Land	0	0
10	Equipment	7/01/07	16,674			16,674	10 MO S/L	16,674	0
11	Computers	9/12/07	74,697			74,697	4 MO S/L	74,697	0
12	Computers	8/20/08	54,661			54,661	4 MO S/L	54,661	0
13	Computers	9/16/08	41,069			41,069	4 MO S/L	41,069	0
14	Sound Equipment	9/24/10	3,000			3,000	5 MO S/L	3,000	0
15	Laptops	10/07/11	5,310			5,310	4 MO S/L	5,310	0
16	Stage and Riser Steps	4/24/12	4,720			4,720	15 MO S/L	2,046	315
17	7 Apple Computers	8/01/12	8,272			8,272	4 MO S/L	8,272	0
18	Stage and Riser Addition	12/18/12	1,345			1,345	15 MO S/L	494	89
19	Computers	8/26/13	10,375			10,375	5 MO S/L	9,338	1,037
20	Equipment	9/11/13	13,143			13,143	5 MO S/L	11,828	1,315
21	Computers	4/02/15	13,240			13,240	5 MO S/L	9,268	2,648
22	Tables	9/12/15	14,908			14,908	7 MO S/L	5,945	2,130
23	Chairs	9/15/15	1,374			1,374	7 MO S/L	549	196
24	Buses	10/01/10	62,000			62,000	3 MO S/L	62,000	0
25	37 Regional Drive	9/01/07	110,000			110,000	0 -- Land	0	0
26	Land Engineering Costs	9/01/07	165,392			165,392	0 -- Land	0	0
27	Land Improvements	9/01/07	77,636			77,636	15 MO S/L	54,346	5,176
28	Professional Fees	9/01/08	2,488			2,488	0 -- Land	0	0
29	Playground	10/18/11	58,447			58,447	15 MO S/L	25,327	3,896
30	Land Improvements	2/02/14	71,205			71,205	15 MO S/L	23,735	4,747
32	2008 School Bus	2/24/17	25,000			25,000	3 MO S/L	11,111	8,333
33	Laminator	9/22/16	2,354			2,354	5 MO S/L	824	471
34	Telephone System	2/20/17	4,099			4,099	5 MO S/L	1,093	820
35	72 Chrome Books	8/24/16	14,796			14,796	5 MO S/L	5,425	2,959
36	3 Macbook Pros	9/01/16	3,267			3,267	5 MO S/L	1,198	653
37	Gym Addition	6/30/17	1,302,647			1,302,647	40 MO S/L	32,566	32,566
38	Gym Addition	6/30/18	2,132,888			2,132,888	40 MO S/L	0	53,322
39	School Bus - Replace Engine	8/01/17	7,893			7,893	3 MO S/L	2,412	2,631
40	Apple Computers	7/29/17	10,932			10,932	5 MO S/L	2,004	2,187
41	25 Lenovo Laptops	1/09/18	7,705			7,705	5 MO S/L	771	1,541
42	Sonic Wall Wireless Access Point Injector	1/17/18	2,376			2,376	5 MO S/L	198	475
43	92 Desks	8/16/17	1,840			1,840	7 MO S/L	219	263
44	HVAC System	9/25/17	16,962			16,962	39 MO S/L	326	435
45	40 Large Surface Desks	1/03/18	10,102			10,102	7 MO S/L	722	1,443
46	Gym Floor Covering & Racks	1/05/18	13,726			13,726	5 MO S/L	1,373	2,745
47	Equipment	1/09/18	3,000			3,000	5 MO S/L	300	600
48	115 Chairs for Classrooms	1/12/18	2,874			2,874	7 MO S/L	205	411
49	Gym Floor Cleaning Machine	2/01/18	5,500			5,500	5 MO S/L	458	1,100
50	Footsal Nets	2/12/18	9,450			9,450	5 MO S/L	788	1,890
51	Baseball Nets & Batting Cage	3/02/18	10,878			10,878	5 MO S/L	725	2,176
52	Auditorium	6/30/18	82,629			82,629	40 MO S/L	0	2,066
53	Gym Addition	6/30/18	229,067			229,067	40 MO S/L	0	5,727
55	Lunch Room Flooring	8/23/18	10,592			10,592	5 MO S/L	0	1,765
56	Playground Fencing	9/06/18	5,388			5,388	15 MO S/L	0	299
57	Playground	9/24/18	4,138			4,138	7 MO S/L	0	443
58	Gym Bleachers & Divider Curtain	8/14/18	54,838			54,838	5 MO S/L	0	10,054
59	Sonicwall NSA 3600	8/27/18	5,971			5,971	5 MO S/L	0	995
60	Gym Addition Landscaping	1/25/19	36,675			36,675	15 MO S/L	0	1,019
61	Auditorium - Audio/Visual/Projection	7/30/18	288,108			288,108	7 MO S/L	0	37,728
62	Auditorium - 525 Chairs & 4 Dollies	7/30/18	17,049			17,049	7 MO S/L	0	2,233
63	Auditorium - Live Mix Audio Equipment	7/30/18	5,875			5,875	5 MO S/L	0	1,077
64	Auditorium	8/01/18	143,546			143,546	40 MO S/L	0	3,290
65	Auditorium - Equipment & Electrical Install	9/30/18	4,216			4,216	40 MO S/L	0	79
66	Auditorium	11/07/18	48,072			48,072	40 MO S/L	0	801
67	Gym Flooring Upgrade	3/22/19	1,477			1,477	5 MO S/L	0	74

**Federal Asset Report**  
**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	<b>Total Other Depreciation</b>		<u>9,238,659</u>			<u>9,238,659</u>		<u>1,494,668</u>	<u>303,264</u>
	<b>Total ACRS and Other Depreciation</b>		<u>9,238,659</u>			<u>9,238,659</u>		<u>1,494,668</u>	<u>303,264</u>
<b>Amortization:</b>									
31	Bond Issuance	12/08/15	121,394			121,394	27 MOAmort	11,615	4,496
54	Bond Issuance	2/01/18	8,028			8,028	27 MOAmort	124	297
			<u>129,422</u>			<u>129,422</u>		<u>11,739</u>	<u>4,793</u>
	<b>Grand Totals</b>		9,368,081			9,368,081		1,506,407	308,057
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>9,368,081</u>			<u>9,368,081</u>		<u>1,506,407</u>	<u>308,057</u>

20-5009013

## NH Asset Report

FYE: 6/30/2019

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NH Prior	NH Current	Federal Current	Difference Fed - NH
<b>Other Depreciation:</b>								
1	Building	11/01/07	3,685,125	3,685,125	994,797	92,128	92,128	0
2	Chem Lab	9/01/08	29,741	29,741	7,064	744	744	0
3	Classroom	9/01/11	7,225	7,225	1,175	181	181	0
4	Classrooms	1/01/11	35,480	35,480	6,723	887	887	0
5	Construction in Progress	6/30/09	7,500	7,500	0	0	0	0
6	Gym costs inc legal	6/30/16	114,667	114,667	2,867	2,866	2,866	0
7	Tile	1/01/09	9,535	9,535	2,265	238	238	0
8	Equipment	7/01/13	8,500	8,500	8,500	0	0	0
9	Land	7/01/13	5,000	5,000	0	0	0	0
10	Equipment	7/01/07	16,674	16,674	16,674	0	0	0
11	Computers	9/12/07	74,697	74,697	74,697	0	0	0
12	Computers	8/20/08	54,661	54,661	54,661	0	0	0
13	Computers	9/16/08	41,069	41,069	41,069	0	0	0
14	Sound Equipment	9/24/10	3,000	3,000	3,000	0	0	0
15	Laptops	10/07/11	5,310	5,310	5,310	0	0	0
16	Stage and Riser Steps	4/24/12	4,720	4,720	2,046	315	315	0
17	7 Apple Computers	8/01/12	8,272	8,272	8,272	0	0	0
18	Stage and Riser Addition	12/18/12	1,345	1,345	494	89	89	0
19	Computers	8/26/13	10,375	10,375	9,338	1,037	1,037	0
20	Equipment	9/11/13	13,143	13,143	11,828	1,315	1,315	0
21	Computers	4/02/15	13,240	13,240	9,268	2,648	2,648	0
22	Tables	9/12/15	14,908	14,908	5,945	2,130	2,130	0
23	Chairs	9/15/15	1,374	1,374	549	196	196	0
24	Buses	10/01/10	62,000	62,000	62,000	0	0	0
25	37 Regional Drive	9/01/07	110,000	110,000	0	0	0	0
26	Land Engineering Costs	9/01/07	165,392	165,392	0	0	0	0
27	Land Improvements	9/01/07	77,636	77,636	54,346	5,176	5,176	0
28	Professional Fees	9/01/08	2,488	2,488	0	0	0	0
29	Playground	10/18/11	58,447	58,447	25,327	3,896	3,896	0
30	Land Improvements	2/02/14	71,205	71,205	23,735	4,747	4,747	0
32	2008 School Bus	2/24/17	25,000	25,000	11,111	8,333	8,333	0
33	Laminator	9/22/16	2,354	2,354	824	471	471	0
34	Telephone System	2/20/17	4,099	4,099	1,093	820	820	0
35	72 Chrome Books	8/24/16	14,796	14,796	5,425	2,959	2,959	0
36	3 Macbook Pros	9/01/16	3,267	3,267	1,198	653	653	0
37	Gym Addition	6/30/17	1,302,647	1,302,647	32,566	32,566	32,566	0
38	Gym Addition	6/30/18	2,132,888	2,132,888	0	53,322	53,322	0
39	School Bus - Replace Engine	8/01/17	7,893	7,893	2,412	2,631	2,631	0
40	Apple Computers	7/29/17	10,932	10,932	2,004	2,187	2,187	0
41	25 Lenovo Laptops	1/09/18	7,705	7,705	771	1,541	1,541	0
42	Sonic Wall Wireless Access Point Injector	1/17/18	2,376	2,376	198	475	475	0
43	92 Desks	8/16/17	1,840	1,840	219	263	263	0
44	HVAC System	9/25/17	16,962	16,962	326	435	435	0
45	40 Large Surface Desks	1/03/18	10,102	10,102	722	1,443	1,443	0
46	Gym Floor Covering & Racks	1/05/18	13,726	13,726	1,373	2,745	2,745	0
47	Equipment	1/09/18	3,000	3,000	300	600	600	0
48	115 Chairs for Classrooms	1/12/18	2,874	2,874	205	411	411	0
49	Gym Floor Cleaning Machine	2/01/18	5,500	5,500	458	1,100	1,100	0
50	Footsal Nets	2/12/18	9,450	9,450	788	1,890	1,890	0
51	Baseball Nets & Batting Cage	3/02/18	10,878	10,878	725	2,176	2,176	0
52	Auditorium	6/30/18	82,629	82,629	0	2,066	2,066	0
53	Gym Addition	6/30/18	229,067	229,067	0	5,727	5,727	0
55	Lunch Room Flooring	8/23/18	10,592	10,592	0	1,765	1,765	0
56	Playground Fencing	9/06/18	5,388	5,388	0	299	299	0
57	Playground	9/24/18	4,138	4,138	0	443	443	0
58	Gym Bleachers & Divider Curtain	8/14/18	54,838	54,838	0	10,054	10,054	0
59	Sonicwall NSA 3600	8/27/18	5,971	5,971	0	995	995	0
60	Gym Addition Landscaping	1/25/19	36,675	36,675	0	1,019	1,019	0
61	Auditorium - Audio/Visual/Projection	7/30/18	288,108	288,108	0	37,728	37,728	0
62	Auditorium - 525 Chairs & 4 Dollies	7/30/18	17,049	17,049	0	2,233	2,233	0
63	Auditorium - Live Mix Audio Equipment	7/30/18	5,875	5,875	0	1,077	1,077	0
64	Auditorium	8/01/18	143,546	143,546	0	3,290	3,290	0
65	Auditorium - Equipment & Electrical Install	9/30/18	4,216	4,216	0	79	79	0
66	Auditorium	11/07/18	48,072	48,072	0	801	801	0
67	Gym Flooring Upgrade	3/22/19	1,477	1,477	0	74	74	0

**NH Asset Report**  
**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	NH Prior	NH Current	Federal Current	Difference Fed - NH
	<b>Total Other Depreciation</b>		<u>9,238,659</u>	<u>9,238,659</u>	<u>1,494,668</u>	<u>303,264</u>	<u>303,264</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>9,238,659</u>	<u>9,238,659</u>	<u>1,494,668</u>	<u>303,264</u>	<u>303,264</u>	<u>0</u>
<b>Amortization:</b>								
31	Bond Issuance	12/08/15	121,394	121,394	11,615	4,496	4,496	0
54	Bond Issuance	2/01/18	8,028	8,028	124	297	297	0
			<u>129,422</u>	<u>129,422</u>	<u>11,739</u>	<u>4,793</u>	<u>4,793</u>	<u>0</u>
	<b>Grand Totals</b>		<u>9,368,081</u>	<u>9,368,081</u>	<u>1,506,407</u>	<u>308,057</u>	<u>308,057</u>	<u>0</u>
	<b>Less: Dispositions</b>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<b>Less: Start-up/Org Expense</b>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>9,368,081</u>	<u>9,368,081</u>	<u>1,506,407</u>	<u>308,057</u>	<u>308,057</u>	<u>0</u>

20-5009013

**AMT Asset Report**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Building	11/01/07	3,685,125			3,685,125	40 MO S/L	994,797	92,128
2	Chem Lab	9/01/08	29,741			29,741	40 MO S/L	7,064	744
3	Classroom	9/01/11	7,225			7,225	40 MO S/L	1,175	181
4	Classrooms	1/01/11	35,480			35,480	40 MO S/L	6,723	887
5	Construction in Progress	6/30/09	7,500			7,500	0 -- Land	0	0
6	Gym costs inc legal	6/30/16	114,667			114,667	40 MO S/L	2,867	2,866
7	Tile	1/01/09	9,535			9,535	40 MO S/L	2,265	238
8	Equipment	7/01/13	8,500			8,500	5 MO S/L	8,500	0
9	Land	7/01/13	5,000			5,000	0 -- Land	0	0
10	Equipment	7/01/07	16,674			16,674	10 MO S/L	16,674	0
11	Computers	9/12/07	74,697			74,697	4 MO S/L	74,697	0
12	Computers	8/20/08	54,661			54,661	4 MO S/L	54,661	0
13	Computers	9/16/08	41,069			41,069	4 MO S/L	41,069	0
14	Sound Equipment	9/24/10	3,000			3,000	5 MO S/L	3,000	0
15	Laptops	10/07/11	5,310			5,310	4 MO S/L	5,310	0
16	Stage and Riser Steps	4/24/12	4,720			4,720	15 MO S/L	2,046	315
17	7 Apple Computers	8/01/12	8,272			8,272	4 MO S/L	8,272	0
18	Stage and Riser Addition	12/18/12	1,345			1,345	15 MO S/L	494	89
19	Computers	8/26/13	10,375			10,375	5 MO S/L	9,338	1,037
20	Equipment	9/11/13	13,143			13,143	5 MO S/L	11,828	1,315
21	Computers	4/02/15	13,240			13,240	5 MO S/L	9,268	2,648
22	Tables	9/12/15	14,908			14,908	7 MO S/L	5,945	2,130
23	Chairs	9/15/15	1,374			1,374	7 MO S/L	549	196
24	Buses	10/01/10	62,000			62,000	3 MO S/L	62,000	0
25	37 Regional Drive	9/01/07	110,000			110,000	0 -- Land	0	0
26	Land Engineering Costs	9/01/07	165,392			165,392	0 -- Land	0	0
27	Land Improvements	9/01/07	77,636			77,636	15 MO S/L	54,346	5,176
28	Professional Fees	9/01/08	2,488			2,488	0 -- Land	0	0
29	Playground	10/18/11	58,447			58,447	15 MO S/L	25,327	3,896
30	Land Improvements	2/02/14	71,205			71,205	15 MO S/L	23,735	4,747
32	2008 School Bus	2/24/17	0			0	0 HY	0	0
33	Laminator	9/22/16	2,354			2,354	5 MO S/L	824	471
34	Telephone System	2/20/17	4,099			4,099	5 MO S/L	1,093	820
35	72 Chrome Books	8/24/16	14,796			14,796	5 MO S/L	5,425	2,959
36	3 Macbook Pros	9/01/16	3,267			3,267	5 MO S/L	1,198	653
37	Gym Addition	6/30/17	1,302,647			1,302,647	40 MO S/L	32,566	32,566
38	Gym Addition	6/30/18	2,132,888			2,132,888	40 MO S/L	0	53,322
39	School Bus - Replace Engine	8/01/17	7,893			7,893	3 MO S/L	2,412	2,631
40	Apple Computers	7/29/17	10,932			10,932	5 MO S/L	2,004	2,187
41	25 Lenovo Laptops	1/09/18	7,705			7,705	5 MO S/L	771	1,541
42	Sonic Wall Wireless Access Point Injector	1/17/18	2,376			2,376	5 MO S/L	198	475
43	92 Desks	8/16/17	1,840			1,840	7 MO S/L	219	263
44	HVAC System	9/25/17	16,962			16,962	39 MO S/L	326	435
45	40 Large Surface Desks	1/03/18	10,102			10,102	7 MO S/L	722	1,443
46	Gym Floor Covering & Racks	1/05/18	13,726			13,726	5 MO S/L	1,373	2,745
47	Equipment	1/09/18	3,000			3,000	5 MO S/L	300	600
48	115 Chairs for Classrooms	1/12/18	2,874			2,874	7 MO S/L	205	411
49	Gym Floor Cleaning Machine	2/01/18	5,500			5,500	5 MO S/L	458	1,100
50	Footsal Nets	2/12/18	9,450			9,450	5 MO S/L	788	1,890
51	Baseball Nets & Batting Cage	3/02/18	10,878			10,878	5 MO S/L	725	2,176
52	Auditorium	6/30/18	82,629			82,629	40 MO S/L	0	2,066
53	Gym Addition	6/30/18	229,067			229,067	40 MO S/L	0	5,727
55	Lunch Room Flooring	8/23/18	10,592			10,592	5 MO S/L	0	1,765
56	Playground Fencing	9/06/18	5,388			5,388	15 MO S/L	0	299
57	Playground	9/24/18	4,138			4,138	7 MO S/L	0	443
58	Gym Bleachers & Divider Curtain	8/14/18	54,838			54,838	5 MO S/L	0	10,054
59	Sonicwall NSA 3600	8/27/18	5,971			5,971	5 MO S/L	0	995
60	Gym Addition Landscaping	1/25/19	36,675			36,675	15 MO S/L	0	1,019
61	Auditorium - Audio/Visual/Projection	7/30/18	288,108			288,108	7 MO S/L	0	37,728
62	Auditorium - 525 Chairs & 4 Dollies	7/30/18	17,049			17,049	7 MO S/L	0	2,233
63	Auditorium - Live Mix Audio Equipment	7/30/18	5,875			5,875	5 MO S/L	0	1,077
64	Auditorium	8/01/18	143,546			143,546	39 MO S/L	0	3,374
65	Auditorium - Equipment & Electrical Install	9/30/18	4,216			4,216	40 MO S/L	0	79
66	Auditorium	11/07/18	48,072			48,072	40 MO S/L	0	801
67	Gym Flooring Upgrade	3/22/19	1,477			1,477	5 MO S/L	0	74



**AMT Asset Report**  
**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Bus %</u>	<u>Sec 179 Bonus</u>	<u>Basis for Depr</u>	<u>Per Conv Meth</u>	<u>Prior</u>	<u>Current</u>
	<b>Total Other Depreciation</b>		<u>9,213,659</u>			<u>9,213,659</u>		<u>1,483,557</u>	<u>295,015</u>
	<b>Total ACRS and Other Depreciation</b>		<u>9,213,659</u>			<u>9,213,659</u>		<u>1,483,557</u>	<u>295,015</u>
	<b>Grand Totals</b>		<u>9,213,659</u>			<u>9,213,659</u>		<u>1,483,557</u>	<u>295,015</u>
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>9,213,659</u>			<u>9,213,659</u>		<u>1,483,557</u>	<u>295,015</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b>There are no assets that meet the criteria of this report</b>						

**Future Depreciation Report****FYE: 6/30/20****Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Other Depreciation:</b>					
1	Building	11/01/07	3,685,125	92,128	92,128
2	Chem Lab	9/01/08	29,741	743	743
3	Classroom	9/01/11	7,225	181	181
4	Classrooms	1/01/11	35,480	887	887
5	Construction in Progress	6/30/09	7,500	0	0
6	Gym costs inc legal	6/30/16	114,667	2,867	2,867
7	Tile	1/01/09	9,535	238	238
8	Equipment	7/01/13	8,500	0	0
9	Land	7/01/13	5,000	0	0
10	Equipment	7/01/07	16,674	0	0
11	Computers	9/12/07	74,697	0	0
12	Computers	8/20/08	54,661	0	0
13	Computers	9/16/08	41,069	0	0
14	Sound Equipment	9/24/10	3,000	0	0
15	Laptops	10/07/11	5,310	0	0
16	Stage and Riser Steps	4/24/12	4,720	315	315
17	7 Apple Computers	8/01/12	8,272	0	0
18	Stage and Riser Addition	12/18/12	1,345	90	90
19	Computers	8/26/13	10,375	0	0
20	Equipment	9/11/13	13,143	0	0
21	Computers	4/02/15	13,240	1,324	1,324
22	Tables	9/12/15	14,908	2,130	2,130
23	Chairs	9/15/15	1,374	196	196
24	Buses	10/01/10	62,000	0	0
25	37 Regional Drive	9/01/07	110,000	0	0
26	Land Engineering Costs	9/01/07	165,392	0	0
27	Land Improvements	9/01/07	77,636	5,175	5,175
28	Professional Fees	9/01/08	2,488	0	0
29	Playground	10/18/11	58,447	3,897	3,897
30	Land Improvements	2/02/14	71,205	4,747	4,747
32	2008 School Bus	2/24/17	25,000	5,556	0
33	Laminator	9/22/16	2,354	471	471
34	Telephone System	2/20/17	4,099	820	820
35	72 Chrome Books	8/24/16	14,796	2,960	2,960
36	3 Macbook Pros	9/01/16	3,267	654	654
37	Gym Addition	6/30/17	1,302,647	32,567	32,567
38	Gym Addition	6/30/18	2,132,888	53,322	53,322
39	School Bus - Replace Engine	8/01/17	7,893	2,631	2,631
40	Apple Computers	7/29/17	10,932	2,186	2,186
41	25 Lenovo Laptops	1/09/18	7,705	1,541	1,541
42	Sonic Wall Wireless Access Point Injector	1/17/18	2,376	475	475
43	92 Desks	8/16/17	1,840	263	263
44	HVAC System	9/25/17	16,962	435	435
45	40 Large Surface Desks	1/03/18	10,102	1,443	1,443
46	Gym Floor Covering & Racks	1/05/18	13,726	2,745	2,745
47	Equipment	1/09/18	3,000	600	600
48	115 Chairs for Classrooms	1/12/18	2,874	410	410
49	Gym Floor Cleaning Machine	2/01/18	5,500	1,100	1,100
50	Football Nets	2/12/18	9,450	1,890	1,890
51	Baseball Nets & Batting Cage	3/02/18	10,878	2,175	2,175
52	Auditorium	6/30/18	82,629	2,065	2,065
53	Gym Addition	6/30/18	229,067	5,726	5,726
55	Lunch Room Flooring	8/23/18	10,592	2,119	2,119
56	Playground Fencing	9/06/18	5,388	360	360
57	Playground	9/24/18	4,138	592	592
58	Gym Bleachers & Divider Curtain	8/14/18	54,838	10,967	10,967
59	Sonicwall NSA 3600	8/27/18	5,971	1,194	1,194
60	Gym Addition Landscaping	1/25/19	36,675	2,445	2,445
61	Auditorium - Audio/Visual/Projection	7/30/18	288,108	41,159	41,159
62	Auditorium - 525 Chairs & 4 Dollies	7/30/18	17,049	2,435	2,435
63	Auditorium - Live Mix Audio Equipment	7/30/18	5,875	1,175	1,175
64	Auditorium	8/01/18	143,546	3,588	3,681
65	Auditorium - Equipment & Electrical Installat	9/30/18	4,216	105	105
66	Auditorium	11/07/18	48,072	1,202	1,202
67	Gym Flooring Upgrade	3/22/19	1,477	295	295

**Future Depreciation Report** **FYE: 6/30/20****Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	<b>Total Other Depreciation</b>		<u>9,238,659</u>	<u>304,589</u>	<u>299,126</u>
	<b>Total ACRS and Other Depreciation</b>		<u>9,238,659</u>	<u>304,589</u>	<u>299,126</u>
<b><u>Amortization:</u></b>					
31	Bond Issuance	12/08/15	121,394	4,496	5,237
54	Bond Issuance	2/01/18	8,028	298	298
			<u>129,422</u>	<u>4,794</u>	<u>5,535</u>
	<b>Grand Totals</b>		<u>9,368,081</u>	<u>309,383</u>	<u>304,661</u>

Asset	Description	Date In Service	Cost	NH
<b>Other Depreciation:</b>				
1	Building	11/01/07	3,685,125	92,128
2	Chem Lab	9/01/08	29,741	743
3	Classroom	9/01/11	7,225	181
4	Classrooms	1/01/11	35,480	887
5	Construction in Progress	6/30/09	7,500	0
6	Gym costs inc legal	6/30/16	114,667	2,867
7	Tile	1/01/09	9,535	238
8	Equipment	7/01/13	8,500	0
9	Land	7/01/13	5,000	0
10	Equipment	7/01/07	16,674	0
11	Computers	9/12/07	74,697	0
12	Computers	8/20/08	54,661	0
13	Computers	9/16/08	41,069	0
14	Sound Equipment	9/24/10	3,000	0
15	Laptops	10/07/11	5,310	0
16	Stage and Riser Steps	4/24/12	4,720	315
17	7 Apple Computers	8/01/12	8,272	0
18	Stage and Riser Addition	12/18/12	1,345	90
19	Computers	8/26/13	10,375	0
20	Equipment	9/11/13	13,143	0
21	Computers	4/02/15	13,240	1,324
22	Tables	9/12/15	14,908	2,130
23	Chairs	9/15/15	1,374	196
24	Buses	10/01/10	62,000	0
25	37 Regional Drive	9/01/07	110,000	0
26	Land Engineering Costs	9/01/07	165,392	0
27	Land Improvements	9/01/07	77,636	5,175
28	Professional Fees	9/01/08	2,488	0
29	Playground	10/18/11	58,447	3,897
30	Land Improvements	2/02/14	71,205	4,747
32	2008 School Bus	2/24/17	25,000	5,556
33	Laminator	9/22/16	2,354	471
34	Telephone System	2/20/17	4,099	820
35	72 Chrome Books	8/24/16	14,796	2,960
36	3 Macbook Pros	9/01/16	3,267	654
37	Gym Addition	6/30/17	1,302,647	32,567
38	Gym Addition	6/30/18	2,132,888	53,322
39	School Bus - Replace Engine	8/01/17	7,893	2,631
40	Apple Computers	7/29/17	10,932	2,186
41	25 Lenovo Laptops	1/09/18	7,705	1,541
42	Sonic Wall Wireless Access Point Injector	1/17/18	2,376	475
43	92 Desks	8/16/17	1,840	263
44	HVAC System	9/25/17	16,962	435
45	40 Large Surface Desks	1/03/18	10,102	1,443
46	Gym Floor Covering & Racks	1/05/18	13,726	2,745
47	Equipment	1/09/18	3,000	600
48	115 Chairs for Classrooms	1/12/18	2,874	410
49	Gym Floor Cleaning Machine	2/01/18	5,500	1,100
50	Football Nets	2/12/18	9,450	1,890
51	Baseball Nets & Batting Cage	3/02/18	10,878	2,175
52	Auditorium	6/30/18	82,629	2,065
53	Gym Addition	6/30/18	229,067	5,726
55	Lunch Room Flooring	8/23/18	10,592	2,119
56	Playground Fencing	9/06/18	5,388	360
57	Playground	9/24/18	4,138	592
58	Gym Bleachers & Divider Curtain	8/14/18	54,838	10,967
59	Sonicwall NSA 3600	8/27/18	5,971	1,194
60	Gym Addition Landscaping	1/25/19	36,675	2,445
61	Auditorium - Audio/Visual/Projection	7/30/18	288,108	41,159
62	Auditorium - 525 Chairs & 4 Dollies	7/30/18	17,049	2,435
63	Auditorium - Live Mix Audio Equipment	7/30/18	5,875	1,175
64	Auditorium	8/01/18	143,546	3,588
65	Auditorium - Equipment & Electrical Installat	9/30/18	4,216	105
66	Auditorium	11/07/18	48,072	1,202
67	Gym Flooring Upgrade	3/22/19	1,477	295

**NH Future Depreciation Report****FYE: 6/30/20****Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NH</u>
	<b>Total Other Depreciation</b>		<u>9,238,659</u>	<u>304,589</u>
	<b>Total ACRS and Other Depreciation</b>		<u>9,238,659</u>	<u>304,589</u>
<b><u>Amortization:</u></b>				
31	Bond Issuance	12/08/15	121,394	4,496
54	Bond Issuance	2/01/18	8,028	298
			<u>129,422</u>	<u>4,794</u>
	<b>Grand Totals</b>		<u>9,368,081</u>	<u>309,383</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2017 &amp; 2018</b>
For calendar year 2018, or tax year beginning <b>07/01/18</b> , ending <b>06/30/19</b>		

Name

Taxpayer Identification Number

**CONCORD CHRISTIAN ACADEMY****20-5009013**

		2017	2018	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	127,979	281,012	153,033
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	1,814,073	1,664,575	-149,498
	5. Investment income	2,217	436	-1,781
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	12,547	14,827	2,280
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	22,066	86,512	64,446
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>1,978,882</b>	<b>2,047,362</b>	<b>68,480</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	59,800	94,458	34,658
	16. Salaries, other compensation, and employee benefits	966,884	903,308	-63,576
	17. Professional fundraising fees			
	18. Other professional fees	57,686	58,129	443
	19. Occupancy, rent, utilities, and maintenance	183,948	263,649	79,701
	20. Depreciation and Depletion	183,603	308,057	124,454
	21. Other expenses	476,767	422,144	-54,623
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>1,928,688</b>	<b>2,049,745</b>	<b>121,057</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>50,194</b>	<b>-2,383</b>	<b>-52,577</b>
<b>Other Information</b>	24. Total exempt revenue	1,978,882	2,047,362	68,480
	25. Total unrelated revenue			
	26. Total excludable revenue	1,838,356	1,751,523	-86,833
	27. Total assets	8,099,438	8,163,773	64,335
	28. Total liabilities	6,805,273	6,871,991	66,718
	29. Retained earnings	1,294,165	1,291,782	-2,383
	30. Number of voting members of governing body	6	5	
	31. Number of independent voting members of governing body	6	5	
	32. Number of employees	42	47	
	33. Number of volunteers	140	140	

Form **990**

**Tax Return History**

**2018**

Name

**CONCORD CHRISTIAN ACADEMY**

Employer Identification Number  
**20-5009013**

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	322,670	165,305	127,979	281,012		
Membership dues						
Program service revenue	1,480,122	1,652,357	1,814,073	1,664,575		
Capital gain or loss						
Investment income	3,921	6,271	2,217	436		
Fundraising revenue (income/loss)		20,087	12,547	14,827		
Gaming revenue (income/loss)	9,586					
Other revenue	19,200	19,200	22,066	86,512		
<b>Total revenue</b>	<b>1,835,499</b>	<b>1,863,220</b>	<b>1,978,882</b>	<b>2,047,362</b>		
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		81,640	59,800	94,458		
Other compensation	902,478	943,138	966,884	903,308		
Professional fees	34,166	37,119	57,686	58,129		
Occupancy costs	127,590	128,632	183,948	263,649		
Depreciation and depletion	126,618	133,392	183,603	308,057		
Other expenses	615,783	545,555	476,767	422,144		
<b>Total expenses</b>	<b>1,806,635</b>	<b>1,869,476</b>	<b>1,928,688</b>	<b>2,049,745</b>		
<b>Excess or (Deficit)</b>	<b>28,864</b>	<b>-6,256</b>	<b>50,194</b>	<b>-2,383</b>		
Total exempt revenue	1,835,499	1,863,220	1,978,882	2,047,362		
Total unrelated revenue						
Total excludable revenue	1,512,829	1,677,828	1,838,356	1,751,523		
Total Assets	8,081,667	8,057,597	8,099,438	8,163,773		
Total Liabilities	6,846,480	6,815,727	6,805,273	6,871,991		
Net Fund Balances	1,235,187	1,241,870	1,294,165	1,291,782		



## Federal Statements

### Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 436			1		
TOTAL	<u>\$ 436</u>					

## Federal Statements

### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK CHARGES	\$ 2,524		\$ 2,524	
GRANDPARENTS DAY	1,134			\$ 1,134
AA IMPLEMENTATION FEE	500		500	
NURSING SUPPLIES	260	260		
UNCOLLECTIBLE TUITION	-1,017			-1,017
<b>TOTAL</b>	<u>\$ 3,401</u>	<u>\$ 260</u>	<u>\$ 3,024</u>	<u>\$ 117</u>

## Federal Statements

### AUCTION

#### Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
AUCTION ITEMS	\$ 19,793
TOTAL	\$ <u>19,793</u>

## Federal Statements

### GOLF TOURNAMENT

#### Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
TROPHIES	\$ 236
TOTAL	\$ <u>236</u>