Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

		nue Service	► Information abou	ıt Form 990 and its i	nstructions is	s at <sub>www ir</sub>	s aov/form990		Inspection
A F	or the	e 2013 calend	dar year, or tax year beginning				ŬN 30, 20	14	
<b>B</b> c	Check if opplicable	e: C Name o	of organization				D Employer ide	ntificati	on number
	Addres	SS CONC	CORD CHRISTIAN AC	ADEMY					
F	Name change		Business As				1 20	-500	9013
F	Initial return	al Landa Control of the Control of t							3020
F	Termin		REGIONAL DRIVE			1100111,00110			8-8888
	Amend return	dod	town, state or province, country,	and ZIP or foreign po	stal code		G Gross receipts \$		1,405,657.
	Applic tion	a- CONC	ORD, NH 03301	3 1			H(a) Is this a grou	up retur	
	pendir	F Name a	and address of principal officer: $\overline{D}$	EAN WHITEWA	ΑY		for subordin		
			AS C ABOVE				H(b) Are all subordina	ates includ	led? Yes No
			<b>X</b> 501(c)(3) 501(c) (	)◀ (insert no.) L	4947(a)(1)	or 527	If "No," atta	ch a list	(see instructions)
			CONCORDCHRISTIAN	ORG			H(c) Group exem		
			X Corporation Trust	Association (	Other <b>&gt;</b>	<b>∟</b> Year	of formation: 200	<b>6 м</b> St	ate of legal domicile: ${f NH}$
Pa	art I	Summary							
æ	1	Briefly descril	be the organization's mission or n	nost significant activi	ties: PRE-	KINDER	RGARTEN TH	ROUG	H HIGH
au			CHRISTIAN EDUCAT						
Activities & Governance			ox  if the organization di	•	-			I I	
ĝ			oting members of the governing b					3	
م م			dependent voting members of the					5	33
ţie			of individuals employed in calend					6	140
Ξį			of volunteers (estimate if necess					7a	0.
Ă			ed business revenue from Part VII I business taxable income from Fo					7b	0.
	-	Net unrelated	business taxable income nomin	omi 990-1, iiile 04			Prior Year	75	Current Year
•	8	Contributions	and grants (Part VIII, line 1h)				538,93	7.	197,927.
nue			(5 . ) (11 . )				1,217,37		1,143,617.
Revenue	1		come (Part VIII, column (A), lines				18		62.
æ	1		e (Part VIII, column (A), lines 5, 6d				42,19	3.	55,473.
			e - add lines 8 through 11 (must ed				1,798,68	9.	1,397,079.
	13	Grants and si	milar amounts paid (Part IX, colur	mn (A), lines 1-3)				0.	0.
	14	Benefits paid	to or for members (Part IX, colum	nn (A), line 4)				0.	0.
es			er compensation, employee benef	820,65		833,316.			
Expenses	16a	Professional t	fundraising fees (Part IX, column (	(A), line 11e)				0.	0.
χ̈́	1		sing expenses (Part IX, column (D)			<u>0.</u>	650 60	_	<u> </u>
	1		ses (Part IX, column (A), lines 11a-				650,69	6.	655,272.
			es. Add lines 13-17 (must equal P				1,471,35	<u> </u>	1,488,588.
<u>_ 8</u>		Revenue less	expenses. Subtract line 18 from	line 12			327,33		-91,509.
Net Assets or Fund Balances	00	T-4-1 /- /	Deat V. Bas 40)				eginning of Current Y 4,195,89		End of Year 4,125,439.
Asse Bala	20	•	Part X, line 16) s (Part X, line 26)				3,598,37		3,564,095.
Vet/ und	21		fund balances. Subtract line 21 f	from line 20			597,52		561,344.
	art II	Signatur		10111 11116 20			33, 732		301/3110
_			I declare that I have examined this ref	turn, including accompa	ınvina schedule	s and statem	ents, and to the best	of mv kn	owledge and belief, it is
			e. Declaration of preparer (other than o					,	,
				,					
Sig	n	Signatur	e of officer				Date		
Her				EE/CEO					
		Type or	print name and title						
		Print/Type pre		Preparer's signatu			Date Chec		PTIN
Paid			IE VALLEE	CHARLENE		1	1/17/14 if self-e		P00049215
	parer	Firm's name	CHARLENE T. VA				Firm's EIN	<u> </u>	6-3714820
Use	Only	Firm's address	30 SOUTH MAIN		ITE 107			<i>-</i> 0 2	056 0465
			CONCORD, NH 03				Phone no.	603-	856-8467
Maν	the IF	RS discuss th	is return with the preparer shown	above? (see instruct	tions)				X Yes No

14	Other program conject (Describe in Schedule O.)

4d Other program services (Describe in Schedule O.

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

4e Total program service expenses ► 1,091,349.

# Form 990 (2013) CONCORD CHRI Part IV Checklist of Required Schedules

1 Is the organization described in section SD1(c)(S) or 4947(a)(1) (other than a private foundation)?  1				Yes	No
2 Is the organization required to complete Schedule of Contributions 2 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  3 X  4 Section S01(c)(3) organizations. Did the organization engage in lobbying activities, or have a section S01(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization as ection 501(c)(4), 951(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure B 1919 if "Yes," complete Schedule C, Part III  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 O, Part II  7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, instoic laid areas, or historia structures? If "Yes," complete Schedule D, Part III  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  9 Did the organization ineport 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 conselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III  10 Did the organization ineport an amount for investments, organization, hold assets in temporarily restricted endowments, permanent endowments, or quasis admonstrate? If "Yes," complete Schedule D, Part III  11 Did the organization report an amount for investments, program related in Part X, line 197 If "Yes," complete Schedule D, Part III  12 Did the organization report an amount for investments, program related in Part X, line 197 If "Yes," complete Schedule D, Par	1	KING a line and the October to A		v	
3 Did the organization engage in disect or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I'  4 Section 501(p)3 organizations. Did the organization engage in lobbying activities, or have a section 501(p) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II    5 Is the organization assection 501(p)4, 501(c)5(c), 501(c)5(c), 501(c)5(c), 501(c)5(c)5, 501(c)5(c)5 organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If 'Yes,' complete Schedule C, Part II    5 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 II    7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II    8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II    9 Did the organization maintain and part X, line 21, for escrow or custodial account liability; serve as a custodian or amounts not listed in Part X corprovide credit consessing, distort management, credit length, or department of endowments, or quasi endowments? If 'Yes,' complete Schedule D, Part IV    10 Did the organization sanswer to any of the following questions is 'Yes,' then complete Schedule D, Part IV    11 If the organization sanswer to any of the following questions is 'Yes,' then complete Schedule D, Part X, line 10 If 'Yes,' complete Schedule D, Part X    11 If the organization report an amount for land, buildings, and equipment in Part X, line 10 If 'Yes,' complete Schedule D, Part X    12 Did the organization report an amount for other assets in Part X, line 15 If the system of the stotal assets reported in Part X, line 16 If If	_				
sublin office? If "Yes," complete Schedule C, Part I  4 Section 501(h) electron in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization a section 501(h) electron in effect during the tax year? If "Yes," complete Schedule C, Part III  6 Did the organization a section 501(h) electron in effect of units and effect in the revenue Procedule 98.197 if "Yes," complete Schedule C, Part III  7 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 II  8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historic cutcures? If "Yes," complete Schedule D, Part II  8 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  9 Line organization directly or through a related organization, hold assests in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V  11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  11 Did the organization report an amount for other lassests in Part X, line 13 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII  12 Did the organization seport an amount for other lassests in Part X, line 18 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII  13 Did the organization			2	Λ	
Section 501(x)3) organizations. Did the organization ergage in lobbying activities, or have a section 501(x) election in effect during the tax year? If "Yes," complete Schedule C, Part III X S Is the organization a section 501(x)(4), 501(x)(5), or 501(x)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 6 Did the organization material may droor advised funds or any senial runds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Wriss," complete Schedule D, Part I 7 Did the organization receiver or hold a conservation essement, including assements to preserve open papee, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization intered or hold a conservation essement, including assements to preserve open papee, the environment, listoric land areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 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 V 1 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 1 1 The organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 1 1 The Organization report an amount for lorn between the securities in Part X, line 10? If "Yes," complete Schedule D, Part X 1 1 The Organization report an amount for lorn between the securities in Part X, line 10? If "Yes," complete Schedule D, Part X 1 1 The Organization report an amount for other hashities in Part X, line 10? If "Yes," complete Schedule D, Part X 1 Ind X 1 The P	3		2		x
during the tax year? If "Yes," complete Schedule C, Part II   4	1		)		
s 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 "Pes," complete Schedule C, Part III    5	•		4		х
similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III or bridge advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such 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 III or but the organization report an amount in Part X, line 1, for scrow 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 or through a related organization, hold assets in temporally restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV or the organization, directly or through a related organization, hold assets in temporally restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV or the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part IV or Did the organization report an amount for investments - program related in Part X, line 107 If "Yes," complete Schedule D, Part IV or 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 167 If "Yes," complete Schedule D, Part X or Did the organization report an amount for organization report an amount for organization and part is part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X organization assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X organization and the companizat	5		-		
6 Dit the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I Dit the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Dit the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Dit the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Dit 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 Dit the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, II If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, II, VIII, VIII, VII, VIII,			5		Х
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   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   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   11 If the organization in service or any of the following questions is "Yes," then complete Schedule D, Part SV, IVI, VIII, IX, or X as applicable.  a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII   11 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 VIII   11 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   11 Did the organization or port 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 X III   11 Did the organization in separate, independent audited financial statements for the tax year include a footnote that addresses the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X III   12 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts X and XII   13 Si the organization included in consolidated, independent audited financial statements for the tax y	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III  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  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  11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII  13 Did the organization report an amount for investments - tother 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 VIII  14 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 VIII  15 Did the organization report an amount for other ilabilities 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 X  16 Did the organization in obtain the organization in cubded in consolidated financial statements for the tax year include a footnote that addresses the organization is balbility for uncertain tax positions under FIN 48 (ASC 740) If "Yes," complete Schedule D, Part X  17 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X  18 Did the organization in export on Part IX, column (A), line 12a, then completing Schedule D, Parts XI and XII  19 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate foreign investments valued at \$100,000 or		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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 V  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 II 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 Inad, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII III 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 III X  d Did the organization report an amount for other assets 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 III X  d Did the organization is ability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III X  110 Did the organization in Stability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III X  111 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X  111 Did the organization as excitation answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional III X  112 Did the organization as school described in section 170(b)(1)(A)(ii) If "Yes," complete Schedule E, Parts II and IV  112 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garrests or other assistance to or for for foreign individuals? If "Yes," complete Schedule F, Parts III and	8				
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  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  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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  11 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 VIII  11 Did the organization report an amount for investments - other securities 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  11 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 X II  Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X II  Did the organization of separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X II  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X II  Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X II  Did the organization have aggregate revenues or expenses of more than \$10,000 for grantmaking, fundraising, business, investment, and pr			8		X
If "Yes," complete Schedule D, Part IV   10   10 the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments of "Yes," complete Schedule D, Part V   10   X   11 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   11a   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   11b   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 VII   11b   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 X   11b   X    11c   X   11d   X    11d   X	9				
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					37
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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  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  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  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  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II  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  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X					Х
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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  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  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  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  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  20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 X		investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
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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  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  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  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  20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 X	15				
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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  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X	17		4-7		y
1c and 8a? If "Yes," complete Schedule G, Part II  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X	12		17		- 21
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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X	10		12	х	
complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X	19	Did the organization report more than \$15,000 of cross income from gaming activities on Part VIII. line 9a? If "Yes."	10		
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			19		х
	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			
			20b		

# Form 990 (2013) CONCORD CHRISTIAN Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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? If "Yes," complete Schedule L, Part I	25b		х
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? If so,			
	complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		х
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

# Form 990 (2013) CONCORD CHRISTIAN ACADEMY 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	1a 8							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming							
	(gambling) winnings to prize winners?		1c	Х					
2a	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	2a 33							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х				
<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									
4a 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	If "Yes," enter the name of the foreign country: ►								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial $\it A$	Accounts.							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit							
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).				37				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	<b>-</b> -		х				
4	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		21				
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization.		7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di								
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?		9a						
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
_	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	401							
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c	4.6 -		X				
			14a						
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	, 0	14b						

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? X 13 13 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►NH Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Another's website Other (explain in Schedule O) Own website 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CLAIRE ROBERGE - 603-228-8888

03301

37 REGIONAL DRIVE, CONCORD, NH

# 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.

(A)	(B)			_ (0	<b>C</b> )			(D)	(E)	(F)
Name and Title	Average hours per week	box, offic	Position (do not check more than of box, unless person is both officer and a director/trust					Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) FRED POTTER CHAIR	10.00	х		х				0.	0.	0
(2) BEN BRAYSHAW	10.00	21						•	•	
TREASURER		Х		Х				0.	0.	0
(3) BARRIE DAIGNEAULT TRUSTEE	2.00	х						0.	0.	0
(4) TOM ENGLUND	2.00									
SECRETARY	2 00	Х		Х				0.	0.	C
(5) MARILYN SYLVESTER FRUSTEE	2.00	х						0.	0.	(
(6) DEAN WHITEWAY TRUSTEE/HEADMASTER	40.00	х		Х				83,500.	0.	(
_										

332007 10-29-13 Form **990** (2013)

. u	Section A. Officers, Directors, Trus		hio?	yees		<u>а н</u> С)	igne	ST					/ <b>C</b> \	
	<b>(A)</b> Name and title	(B) Average hours per week	box	k, unle	Pos check ess pe	itior more	than is bo	th an	( <b>D</b> )  Reportable  compensation  from	(E)  Reportable  compensatio  from related	on		(F) stimate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	ıs	fr org an	pensa rom the anizati d relate anizatio	e ion ed
			<u>=</u>	<u>ü</u>	JO.	Ke	王与	윤						
	Sub-total								83,500.		0.			0.
С	Sub-total  Total from continuation sheets to Part V  Total (add lines 1b and 1c)	II, Section A						<b>&gt;</b>	83,500.		0.			0.
2	Total number of individuals (including but compensation from the organization							ho r	eceived more than \$100	0,000 of reportab	le			(
3	Did the organization list any <b>former</b> officer line 1a? If "Yes," complete Schedule J for				•	-	•			•		2	Yes	No X
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	le c	omp	ensa	atior	n an	d ot				4		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	tion	from	any	y un	relat		idual for services		5		Х
Sec 1	Complete this table for your five highest co	· ·	-								npens	sation 1	from	
	the organization. Report compensation for  (A)  Name and business			ena ON:		vitn	or w	/itnii	n the organization's tax ( <b>B)</b> Description of s			(Compe	C) nsatio	
								-						
2	Total number of independent contractors		ot li	imite	ed to		_	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	ization >					0					_	000 //	

Form 990 (2013) CONCORD
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			
			·	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
t st	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
		Fundraising events						
a ji		Related organizations						
ini,		Government grants (contributi						
rion	f	All other contributions, gifts, grant	ts, and					
la pri		similar amounts not included above	/e <b>1f</b>	197,927.				
d d	g	Noncash contributions included in lines	1a-1f: \$					
<u>ම රි</u>	h	Total. Add lines 1a-1f		<b>&gt;</b>	197,927.			
				Business Code				
e C	2 a	TUITION AND FEE	S	611110	1,143,617.	1,143,617.		
e Z	b							
en S	С							
le Ja	d							
Program Service Revenue	е							
-	f	All other program service reve	nue					
$\dashv$	g				1,143,617.			
	3	Investment income (including			60			60
		other similar amounts)			62.			62.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents	19,200.					
		Less: rental expenses						
		Rental income or (loss)	19,200.		19,200.	19,200.		
					19,200.	19,200.		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	D	Less: cost or other basis						
	_	and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		<b>P</b>				
e	<b>в</b> а							
Ş.		contributions reported on line						
Other Reven		Part IV, line 18		44 851.				
je	h	Less: direct expenses						
δ		Net income or (loss) from fund		<b>&gt;</b>	36,273.			36,273.
		Gross income from gaming ac						7 - 7 - 7
	• •	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
Ī		Miscellaneous Revenu		Business Code				
ſ	11 a							
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		•	1,397,079.	1,162,817.	0.	36,335.

## 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 respon		this Part IX		(5)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			105 605	
7	Other salaries and wages	732,009.	546,404.	185,605.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	44 064	04 007	10 007	
9	Other employee benefits	44,064.	24,097. 43,119.	19,967.	
10	Payroll taxes	57,243.	43,119.	14,124.	
11	Fees for services (non-employees):	20 154		20 154	
	Management	20,154.		20,154.	
b		7,200.		7,200.	
С.	5 ······	7,200.		1,200.	
d	, , , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management feesOther. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	11,453.	11,453.		
13	Office expenses	33,920.	32,750.	1,170.	
14	Information technology	16,854.	16,854.		
15	Royalties	,	.,		
16	Occupancy	88,003.	88,003.		
17	Travel	10,517.	10,517.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	133,156.		133,156.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	124,133.	109,278.	14,855.	
23	Insurance	21,090.	20,082.	1,008.	
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 0.)				
а	CUDD TOUT IN EXPENCES	114,212.	114,212.		
b	ATHLETIC DEPARTMENT	48,857.	48,857.		
c	UNCOLLECTIBLE TUITION	21,412.	21,412.		
d	SUBSTITUTE TEACHERS	4,311.	4,311.		
	All other expenses	,	,		
25	Total functional expenses. Add lines 1 through 24e	1,488,588.	1,091,349.	397,239.	0
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 if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			26,992.	1	31,974.
	2	Savings and temporary cash investments			92,302.	2	27,677.
	3	Pledges and grants receivable, net			407,829.	3	424,913.
	4	Accounts receivable, net			8,620.	4	13,337.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa		· · · · · · · · · · · · · · · · · · ·			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net		7			
Ä	8	Inventories for sale or use				8	
	9				3,203.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,568,540.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	941,002.	3,656,948.	10c	3,627,538.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			4,195,894.	16	4,125,439.
	17	Accounts payable and accrued expenses	73,530.	17	116,311.		
	18	Grants payable			18	1.00	
	19	Deferred revenue			45,149.	19	105,782.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to current and former					
ij		key employees, highest compensated employee	es, and	disqualified persons.	600 000		640 525
Liabilities					629,929.	22	648,737.
_	23	Secured mortgages and notes payable to unrela			2,849,762.	23	2,693,265.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines		· · ·			
		Schedule D			3,598,370.	25	3,564,095.
	26			y barra N Y and	3,390,370.	26	3,304,093.
"		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and		ck nere 🚩 🕰 and			
čě	27				91,748.	27	-20,476.
alan	28	Unrestricted net assets			505,776.	28	581,820.
Ä	29				30371700	29	301/0201
Ĕ	29	Organizations that do not follow SFAS 117 (A		R) check here		29	
Ϋ́		and complete lines 30 through 34.	JU 93	oj, oneok nere			
ts o	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Se	33	Total net assets or fund balances			597,524.	33	561,344.
	34	Total liabilities and net assets/fund balances			4,195,894.	34	4,125,439.
		. 3.2abiiitioo aria riot abboto/faria balarioos			,,		Farm <b>990</b> (0010)

_					
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,39		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,488		
3	Revenue less expenses. Subtract line 2 from line 1	3			09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	59	7,5	24.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			87.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<u>5,5</u>	<u>42.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	563	1,3	44.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	d on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
С	consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule Q and describe any steps taken to undergo such audits.	ired audit	3b		

Form **990** (2013)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

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.

Open to Public Inspection ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Employer identification number

OMB No. 1545-0047

			CONCORD	CHRISTIAN A	CADEM	Y				2	0 –	50090	13	
Par	tΙ	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mus	st complet	e this part	:.) See inst	ructions.					
The c	rgani	zation is not a	a private foundation	because it is: (For lines 1	through	11, check	only one b	ox.)						
1		A church, cor	nvention of churche	s, or association of churc	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)						
2	X	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3				tal service organization of		in <b>section</b>	170(b)(1)	(A)(iii).						
4		•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter	the h	nospital's	nam	ie.
		city, and state		,						•		•		,
5		• .		benefit of a college or ur	niversity ov	vned or or	perated by	a governi	mental uni	t describ	ed in	n		
•		-	(b)(1)(A)(iv). (Comple	-			, a.c.	a go						
6				•	doscribo	d in <b>coctio</b>	n 170/h)/-	IV A V(v)						
7		<ul> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the gene</li> </ul>										lio docoril	had i	n
, ,		section 170(b)(1)(A)(vi). (Complete Part II.)										iic descrii	beu ii	11
•					· O =   - t =	D-4 II \								
8 I	=			ection 170(b)(1)(A)(vi).										
9		-	•	eives: (1) more than 33 1					· ·		_		-	
				nctions - subject to certa										
				axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	afte	r June 30	, 197	5.
1			<b>509(a)(2).</b> (Complete	•										
<b>10</b>		An organizati	on organized and or	perated exclusively to te	st for publi	c safety. S	See <b>sectio</b>	n 509(a)(4	<b>I</b> ).					
11		-	-	perated exclusively for the		· ·					-	-		or
		more publicly	supported organiza	ations described in section	on 509(a)(1	<ol> <li>or section</li> </ol>	on 509(a)(2	2). See <b>se</b> o	ction 509(a	a)(3). Ch	eck 1	the box tl	hat	
				organization and comple		_								
		a Type I	<b>b</b>	/pe II <b>c</b> L Ty	/pe III - Fui	nctionally i	integrated	c	<b>I</b>	e III - Noi	n-fur	nctionally	integ	grated
e l			•	t the organization is not		-	-	-		-	-			n
		foundation m	anagers and other t	han one or more publicly	/ supporte	d organiza	tions des	cribed in s	ection 509	9(a)(1) or	sect	tion 509(a	a)(2).	
f		If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
		supporting or	rganization, check th	nis box										
g		Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?		_		
		(i) A person	n who directly or ind	irectly controls, either al-	one or tog	ether with	persons o	lescribed	in (ii) and (i	iii) below	,	,	Yes	No
		the gove	erning body of the s	upported organization?								11g(i)		
		(ii) A family	member of a persor	n described in (i) above?								11g(ii)		
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	?					[	11g(iii)		
h		Provide the fo	ollowing information	about the supported org	ganization(	(s).								
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o				(vi) Is organizațio	the	(vii)	Amount o	f mor	netary
	orga	nization	, ,		in col. (i) lis		organizat	ion in col.	(i) organiz	ed in the		suppo	ort	-
				above or IRC section (see instructions))	governing (		(i) of your	support?	U.S.	.?				
				(acc manuchona))	Yes	No	Yes	No	Yes	No				

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

Schedule A (Form 990 or 990-EZ) 2013

# 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.)

Calendar year (or fiscal year beginning in)    (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total distributions, contributions, and membership fees received. (Do not include any 'unusual grants.')  Tax revenues levied for the organization of this behalf or expended on the behalf or expended or expended on the behalf or expended or expe	Sec	ction A. Public Support						
membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3. The value of services or facilities furnished by a governmental unit to the organization without charge 4. Total. Add lines 1 through 3. 5. The portion of total contributions by 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, 6. Public support, submarture 3 the feet amount shown on line 11, 6. Public support services and the services of the amount shown on line 11, 6. Public support services and services or s	Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
include any "unusual grants")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The potion 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)  6 Public support, serves lines from ine 4  8 Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on.  10 Other income. Do not include gain or loss from the sale of capital assists (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  19 Public support percentage from 2012 Schedule A, Part II, line 14  19 Public support percentage from 2012 Schedule A, Part II, line 14  19 Public support percentage from 2012 Schedule A, Part II, line 14  19 Section C. Computation of Public Support Percentage  19 Section C. The organization qualifies as a publicly supported organization.  10 31 37% support test - 2013, lift he organization did not check the box on line 13, and line 15 is 33 17% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  10 10 10 First five years. The regional conjudines as a publicly supported organization.  10 31 37% support test - 2012, lift he organization did not check the box on line 13, and line 15 is 33 17% or more, check this box and stop here. The organization meets the "facts-and-circumstances test, check this box and stop here. Explain in Part IV how the orga	1	Gifts, grants, contributions, and						
2 Tax revenues levied to the organization is benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by 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) 6 Public support, acensul time 5 two line 4 8 Certion B. Total Support Calendary serv of fistal veared legining in limit (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Calendary services and income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support percentage for 2012 Schedule A, Part II, line 14 9 Public support percentage for 2012 Schedule A, Part II, line 14 9 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f) 15 9/9 16 33 13% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization length or more, and if the organization qualifies as a publicly supported organization length in 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the "facts-and-circumstances test - 2012. If the organization did not check a box on line 13, fia, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances test - 2012. If the organization of the Explain in Part IV how the organization meets the "facts-and-circumstances test - 2012. If the organization of the box and stop here. Explain in Part IV how the		membership fees received. (Do not						
ization's benefit and either paid to or expended on its behalf  3. The value of services or facilities furnished by a governmental unit to the organization without charge the forest of the control of t		include any "unusual grants.")						
or expended on its behalf 3. The value of services or facilities furnished by a governmental unit to the organization without charge 4. Total. Add lines 1 through 3. 5. The portion of total contributions by 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) 6. Public support. Subreat lines 5 term line 4.  Section B. Total Support  7. Amounts from line 4.  8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9. Net income from unrelated business activities, whether or not the business is regularly carried on 10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). 11. Total support, Add lines 7 through 10 12. Gross receipts from related activities, etc. (see instructions) 13. First five years. 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 stop here  Section C. Computation of Public Support Percentage 14. Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4  4 Total. Add lines 1 through 3  5 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)  6 Public support. Severat live 9 town live 4.  8 Gross income from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalbes and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. 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 stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f) 14 96  15 Public support percentage form 2012 Schedule A, Part II, line 14 15 96  16 33 1/3% support test - 2012. If the organization did not check a box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization duralifies as a publicly supported organization and if the organization did not check a box on line 13, 16a, or 16a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization levels. Explain in Part IV how the organization meets the "facts and-circumstances test. 2012. If the organization did not check a box on line 13, 16a, or 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and-circumstances test. 2012. If the organization did not check a box on line 13, 16a, or 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 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) 6 Public support. Subract line 5 from line 4  Section B. Total Support Calendar year (or fisal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Callendar year (or fisal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Callendar year (or fisal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Callendar year (or fisal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Callendar year (or fisal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Callendar year (or fisal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Callendar year (or fisal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Callendar year (or fisal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Callendar year (or fisal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Callendar year (or fisal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Callendar year (or fisal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Callendar year (or fisal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Callendar year (or fisal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Callendar year (or fisal year year year year year year year year		or expended on its behalf						
the organization without charge 4 Total. Add lines 1 through 3 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 show on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in)  7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from similar sources 9 Net income from melated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage form 2012 Schedule A, Part II, line 14 16 33 1/3% support test-2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances test 2011 (if the organization of line 14 is 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. Check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. Check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. Check t	3	The value of services or facilities						
4 Total. Add lines 1 through 3  5 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)  6 Public support. But post in the 1 section B. Total Support  Callendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Support Both State St		furnished by a governmental unit to						
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assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. 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 stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2012 Schedule A, Part II, line 14  16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2013. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. 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 stop here. Explain in Part IV how the								
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Section C. Computation of Public Support Percentage  14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))			•		* *	•	. , . ,	
15 Public support percentage from 2012 Schedule A, Part II, line 14	Sed	ction C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage from 2012 Schedule A, Part II, line 14	14	Public support percentage for 2013 (	ine 6, column (f) d	ivided by line 11,	column (f))		14	%
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more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	b							
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18			•				

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support	ciow, picase com	oloto i art II.j				
_	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	,	` /			. ,	, , , , , , , , , , , , , , , , , , ,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4							
7	ization's benefit and either paid to						
	or expended on its behalf						
_							
Э	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
•	***						
	Total. Add lines 1 through 5						
/ 8	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons						
ı.	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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
_	ction B. Total Support		ı	ı	1	1	
	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	d, fourth, or fifth t	tax year as a section	n 501(c)(3) organiz	zation,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2013 (I	ine 8, column (f) d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2012					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
	Investment income percentage for 20					17	%
18	Investment income percentage from 2	<b>2012</b> Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2013. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	e organization qua	ifies as a publicly	supported organiz	ation	▶□
k	33 1/3% support tests - 2012. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<b>&gt;</b>

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
	Also complete this part for any additional information. (See instructions).	

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 20-5009013 CONCORD CHRISTIAN ACADEMY

Pa	rt I	Organizations Maintaining Donor Advised		ls or A	ccounts.Complete if the
		organization answered "Yes" to Form 990, Part IV, line		,	h) Funda and other accounts
		<del> </del>	(a) Donor advised funds	(	b) Funds and other accounts
1		number at end of year			
2		gate contributions to (during year)			
3		gate grants from (during year)			
4		gate value at end of year			
5		e organization inform all donors and donor advisors in w	-		
		e organization's property, subject to the organization's e			
6	Did th	e organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	e used c	only
		aritable purposes and not for the benefit of the donor or			• — —
_	imperi	missible private benefit?			
Pai	rt II	Conservation Easements. Complete if the orga		Part IV,	line 7.
1		se(s) of conservation easements held by the organization			
		Preservation of land for public use (e.g., recreation or ed			ly important land area
		Protection of natural habitat	Preservation of a cer	rtified hi	storic structure
		Preservation of open space			
2	Comp	lete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a co	onservation easement on the last
	day of	the tax year.			
					Held at the End of the Tax Year
а		number of conservation easements			2a
b		acreage restricted by conservation easements			2b
С	Numb	er of conservation easements on a certified historic struc	cture included in (a)		2c
d		er of conservation easements included in (c) acquired af	•	ture	
	listed	in the National Register			2d
3	Numb	er of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	ne organ	nization during the tax
	year 🕨	<b>-</b>			
4	Numb	er of states where property subject to conservation ease	ement is located		
5	Does 1	the organization have a written policy regarding the perio	odic monitoring, inspection, handling of	f	
	violati	ons, and enforcement of the conservation easements it I	nolds?		Yes No
6	Staff a	and volunteer hours devoted to monitoring, inspecting, a	nd enforcing conservation easements	during tl	he year 🕨
7	Amou	nt of expenses incurred in monitoring, inspecting, and er	nforcing conservation easements durin	g the ye	ear ▶ \$
8	Does	each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	0(h)(4)(E	3)(i)
	and se	ection 170(h)(4)(B)(ii)?			Yes No
9	In Par	t XIII, describe how the organization reports conservation	n easements in its revenue and expens	se stater	ment, and balance sheet, and
	includ	e, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the org	ganization's accounting for
_		rvation easements.			
Pai	rt III	Organizations Maintaining Collections of		Other 9	Similar Assets.
		Complete if the organization answered "Yes" to Form 9			
1a		organization elected, as permitted under SFAS 116 (ASC	•		·
	histori	cal treasures, or other similar assets held for public exhil	bition, education, or research in further	ance of	public service, provide, in Part XIII,
		xt of the footnote to its financial statements that describ			
b	If the	organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemer	nt and b	alance sheet works of art, historical
	treasu	res, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of p	ublic sei	rvice, provide the following amounts
		g to these items:			
	(i) Re	evenues included in Form 990, Part VIII, line 1			. • \$
	(ii) As	ssets included in Form 990, Part X			. • \$
2	If the	organization received or held works of art, historical treas	sures, or other similar assets for financi	ial gain,	provide
		llowing amounts required to be reported under SFAS 11			
а		ues included in Form 990, Part VIII, line 1			
b	Assets	s included in Form 990, Part X			. • \$

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Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Similar .	Asset	<b>ts</b> (continu	ued)
3	Using the organization's acquisition, accession	on, and other record	ds, checl	k any of the	following that	at are a siç	nificant use	of its	collection	items
	(check all that apply):									
а	Public exhibition	c	ı 🗆 ı	Loan or exc	hange progr	ams				
b	Scholarly research	e	, 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	in how th	ney further t	he organizat	ion's exen	npt purpose	in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's c	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered	"Yes" to F	orm 990, Pa	art IV, li	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets not i	ncluded			
	on Form 990, Part X?							L	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					L	Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete it	f the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 10	).			
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back (	<b>d)</b> Three years	s back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	<u></u> %								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for th	e organizatio	on	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required of	on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the		owment '	funds.						
Pai	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answered	d "Yes" to Form 990	), Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or o		·	t or other (other)	` ,	cumulated reciation		(d) Book	value
	Land	<u> </u>	•		5,392.				275	7,392.
b	Buildings				4,606.	6	44,314			,292.
	Leasehold improvements			•	-		<u> </u>		-	-
d	Equipment			30	8,766.	2	57,630		51	,136.
	Other				9,776.		39,058			718.
	. Add lines 1a through 1e. (Column (d) must e		X, colun				<b>&gt;</b>			7,538.

Schedule D (Form 990) 2013

(4)(5) (6)(7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  $\triangleright$ 

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	Recond	ciliation	of Revenue	per Audited	<b>Financial</b>	<b>Statements</b>	With Revenue	e per Return.

	<u> </u>	-		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	1,411,199.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 5,5	42.	
е	Add lines 2a through 2d		2e	5,542.
3	Subtract line 2e from line 1		3	1,405,657.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b -8,5	78.	
С	Add lines 4a and 4b		4c	-8,578.
5	, , , , , , , , , , , , , , , , , , , ,			1,397,079.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses	per Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	1,497,166.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)	2d 8,5	78.	
е	Add lines 2a through 2d		2e	8,578.
3	Subtract line 2e from line 1		3	1,488,588.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.

### Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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, LINE 2:

EXPLANATION: THE ACADEMY COMPLIES WITH THE 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 SCHOOL 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, THE ACADEMY DOES NOT EXPECT THAT THE AMOUNTS OF

UNRECOGNIZED TAX TRANSACTION WILL CHANGE SIGNIFICANTLY WITHIN THE NEXT

TWELVE MONTHS. WITH FEW EXCEPTIONS, THE SCHOOL IS NO LONGER SUBJECT TO

INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL OR STATE TAX AUTHORITIES FOR

1,488,588

## **SCHEDULE E**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Schools

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

art VI, line 48.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

CONCORD CHRISTIAN ACADEMY

Employer identification number

20-5009013

Par	+1			
			YES	N
			1123	IN
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	١.,	x	
_	other governing instrument, or in a resolution of its governing body?	1	$\perp^{\Delta}$	H
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		x	
_	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	┝	
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.		x	
	If you need more space, use Part II PUBLISHED IN LOCAL NEWSPAPER IN JANUARY OF EVERY YEAR.	3	<u> </u>	
	PRINTED ON ALL ADMISSION AND APPLICATION FORMS.			
	TRINIED ON ALL ADMIDDION AND ATTLICATION FORMS.			
4	Does the organization maintain the following?		1,,	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	_
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	_
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		١,,	
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	X	
d	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	X	
5	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:		X	
5 a	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?	5a	X	
5 a b	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?	5a 5b	X	Σ
5 a b c	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?	5a 5b 5c	X	2
5 a b c d	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?	5a 5b 5c 5d	X	\(\frac{\frac}\fint}}}}}{\frac}\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac
5 a b c d e	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5a 5b 5c 5d 5e	X	\(\frac{\frac}\fint}}}}}{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac}\frac{\frac{\frac}\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac}\frac{\frac{\frac
5 a b c d e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5a 5b 5c 5d 5e 5f	X	\( \frac{\fir}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\fir}}}}}}}}{\firan{\frac{\frac{\frac{\frac{\frac}}}}}}{\
5 a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?	5a 5b 5c 5d 5e 5f 5g	X	2 2 2 2 2 2
5 abcdefg	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f	X	2 2 2 2 2 2
5 a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?	5a 5b 5c 5d 5e 5f 5g	X	
5 a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g	X	2 2 2 2 2 2
5 abcdefgh	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g	X	2
5 a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h	X	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
5 abcdefgh	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5a 5b 5c 5d 5e 5f 5g 5h	X	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
5 abcdefgh	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h	X	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

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

Schedule E (Form 990 or 990-EZ) (2013)

Schedule E	(Form 990 or 990-EZ) (2013) CONCORD CHRISTIAN ACADEMY	20-5009013	Page 2
Part II	<b>Supplemental Information.</b> Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and Also complete this part to provide any other additional information.	7, as applicable.	

### **SCHEDULE G**

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

CONCORD	CHRISTIAN ACADEMY	1			20-5009	013			
Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a  Mail solicitations									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustodv	(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						
Total  3 List all states in which the organization	n is registered or licensed to solicit o			s or has been notified	d it is exempt from re	egistration			
or licensing.									

20-5009013 Page 2 Schedule G (Form 990 or 990-EZ) 2013 CONCORD CHRISTIAN ACADEMY Part II Fundraising Events. Complete if the organization answered "Yes" to 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 (add col. (a) through AUCTION col. (c)) (total number) (event type) (event type) Revenue 22,496. 11,845. 34,341. 1 Gross receipts 2 Less: Contributions 22,496. 11,845. 34,341. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 7,705. 873. Other direct expenses 8,578. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Expenses 3 Noncash prizes Direct | 4 Rent/facility costs 5 Other direct expenses \_\_\_\_\_ Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain:

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

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

Sch	ledule G (Form 990 or 990-EZ) 2013 CONCORD CHRISTIAN ACADEMY 20 - 9	5009	013	Page 3
11	Does the organization operate 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
12	Indicate the percentage of gaming activity operated in:	1		
		40-		07
	a The organization's facility			%
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
b	o 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
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
~	·			
Do	organization's own exempt activities during the tax year  \$    Sample   Sam		01- 40	N- 45-
Га	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	lines 9,	96, 10	, וסם, ו
	,,,,,,,,,,,,,,,,,,			

### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

CONCORD CHRISTIAN ACADEMY

Employer identification number 20-5009013

Dort I				one/ ·· ·				504( )(4)			120		0 2 0			
Part I	Excess Bene															
	Complete if the							ine 25a or 25t	o, or Fo	m 990-EZ, F	Part V,	line 40	Db.	_		
1 (a) Nam	ne of disqualified p	person (	b) F	Relationship betv			lified	le	:) Descr	iption of trai	nsactio	n		(d)	Corre	ected?
- (a) Name of disqualified person				person and or	ganıza	ation			<b>5)</b> D0001		iouotic	,,,,		Y	es	No
														_		
														_		
														_		
														_		
															_	
	he amount of tax	incurred by th	ne c	organization man	agers	or disc	qualifie	ed persons du	ring the	year under						
section												<b>&gt;</b> \$				
3 Enter t	he amount of tax,	if any, on line	2,	above, reimburs	ed by	the or	ganıza	tion				<b>&gt;</b> \$				
Part II	Loans to and	d/or From	Int	tarastad Dar	enne											
I alt II							7 0	/ l'= - 00 l		0 D-+ IV E	00-	'6 41		!		
	Complete if the	U					., Paπ	v, line 38a or i	orm 99	u, Part IV, III	ne 26;	or it tr	ne orga	anızatı	on	
	reported an amo	(b) Relations				an to or	1.	) Ovininal	(f) D	l l	(	\ l.a	<b>(h)</b> Ap	proved	(:) \/	Vritten
		with organizat			from the			e) Original cipal amount	( <b>t)</b> Ba	(f) Balance due		) In ault?	(h) Approved by board or committee?		agree	ement?
						From					Yes	No	Yes	No	Yes	_
CLATRE	ROBERGE	EMPLOY	E F	FINANCIN		FIOIII	1	37,945.	16	3,072.		X	X	INO	X	INO
FRED P				FINANCIN				75,000.		4,714.		X	X		X	
	AYSHAW			FINANCIN				20,000.		1,160.		X	X		X	
	ALTY IRA			FINANCIN				35,354.		4,791.		X	X		X	1
	PINARD			FINANCIN				25,000.		5,000.		Х	X		X	
	<u>-</u>							,		. ,						
Total								<b>&gt;</b> \$	64	8,737.		•				
Part III	Grants or As	ssistance E	3eı	nefiting Inter	este	d Pe	rsons	S.							•	
	Complete if the	organization a	เทรง	wered "Yes" on F	orm 9	990, Pa	art IV, I	ine 27.								
(a) Na	me of interested	_		(b) Relationship				(c) Amount of (d) Type			e of (e) Purpo				ose c	of
• •				interested pers	on an		`	assistance assistan						assist		
				the organiza	ation											
_																

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

Schedule L (Form 990 or 990-EZ) 2013

SEE PART V FOR CONTINUATIONS

	Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.					
		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues?			
					Yes	No		
Dor	V Cumplemental Information							
Par	Supplemental Information  Provide additional information for response.	onses to questions on Schedule L (see	instructions).					
~~~		·		7.0				
SCH	EDULE L, PART II, LOANS	TO AND FROM INTERE	STED PERSON	NS:				
(A)	NAME OF PERSON: CLAIRE	ROBERGE						
(C)	PURPOSE OF LOAN: FINAN	ICTNG						
(0)		21110						
(A)	NAME OF PERSON: FRED P	OTTER						
(B)	RELATIONSHIP WITH ORGA	NIZATION: SPOUSE OF	TRUSTEE					
<u>(C)</u>	PURPOSE OF LOAN: FINAN	CING						
(A)	NAME OF PERSON: BEN BR	AYSHAW						
(C)	PURPOSE OF LOAN: FINAN	CING						
(A)	NAME OF PERSON: CML-RE	ALTY IRA						
			псмер					
<u>(B)</u>	RELATIONSHIP WITH ORGA	NIZATION: IRA OF TR	OSTEE					
(C)	PURPOSE OF LOAN: FINAN	CING						
(A)	NAME OF PERSON: ALICE	PTNARD						
(C)	PURPOSE OF LOAN: FINAN	CING						

### SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 **2013**Open to Public

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

CONCORD CHRISTIAN ACADEMY

Employer identification number 20-5009013

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: A MANAGEMENT EMPLOYEE DOES WORK AS AN INDEPENDENT CONTRACTOR

FOR A BUSINESS OWNED BY A BOARD TRUSTEE. THE BUSINESS HAS NO TRANSACTIONS

WITH THE FILING ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: 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, SECTION B, LINE 12C:

EXPLANATION: THE BOARD REVIEWS THE POLICY FOR ALL NEW MEMBERS TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

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

FORM 990, PART VI, SECTION C, LINE 18:

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

FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

IN-KIND AND NON-CASH DONATIONS

5,542.

### **SCHEDULE R** (Form 990)

# **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.

➤ See separate instructions.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

20-5009013 CONCORD CHRISTIAN ACADEMY Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) 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 Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Legal domicile (state or **Exempt Code** Public charity Name, address, and EIN Primary activity Direct controlling controlled of related organization status (if section section entity entity? foreign country) 501(c)(3)) Yes No CONCORD CHRISTIAN ACADEMY GIVING & GOING ALLIANCE - 20-5069112, 37 REGIONAL DRIVE CONCORD, NH 03301 Х EDUCATION SUPPORT NEW HAMPSHIRE 501(C)(3)

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

Schedule R (Form 990) 2013

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under	Share of total	Share of end-of-year assets	Diantanartianata		Diagrapartianeta			Genera	orPercentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0		
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Identification of Polated On					1.113.7						<del></del>		

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion (b)(13) (rolled tity?
								res	NO

Schedule R (Form 990) 2013

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

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed	in Parts II-IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X			
b	Gift, grant, or capital contribution to related organization(s)				1b		X			
С	Gift, grant, or capital contribution from related organization(s)				1c		X			
d	Loans or loan guarantees to or for related organization(s)				1d		X			
	Loans or loan guarantees by related organization(s)				1e		X			
f	Dividends from related organization(s)				1f		X			
g	Sale of assets to related organization(s)				1g		X			
h	Purchase of assets from related organization(s)				1h		X			
i	i Exchange of assets with related organization(s)									
j	j Lease of facilities, equipment, or other assets to related organization(s)									
k	k Lease of facilities, equipment, or other assets from related organization(s)									
- 1	Performance of services or membership or fundraising solicitations for related organization(s)									
m	m Performance of services or membership or fundraising solicitations by related organization(s)									
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
	Sharing of paid employees with related organization(s)				10		X			
р	Reimbursement paid to related organization(s) for expenses				1p		Х			
	q Reimbursement paid by related organization(s) for expenses									
r	Other transfer of cash or property to related organization(s)				1r		Х			
s	Other transfer of cash or property from related organization(s)				1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on w									
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved					
<u>(1)</u>										
<u>(2)</u>										
<u>(3)</u>										
(4)										
(5)										
(6)										
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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)	(e)	(f) Share of total income	(g) Share of end-of-year assets	(h Dispro tion allocati	por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	(k) Percentage ing ownership