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

Department of the Treasury Internal Revenue Service

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



Α	A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015						
в	Check if applicabl	C Name of organization D Employer identification number					
	Addre chang	S CONCORD CHRISTIAN ACADEMY					
	Name chang	e Doing business as	20-5009013				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	ſ		
	Final return			603-	228-8888		
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,979,250.		
	Amen			H(a) Is this a group re			
	Applic tion pendi			for subordinates			
		SAME AS C ABOVE		H(b) Are all subordinates in			
		empt status: $X 501(c)(3) 501(c) () 4947(a)(1) c$	or 🛄 527		list. (see instructions)		
		te: WWW.CONCORDCHRISTIAN.ORG		H(c) Group exemption			
	art I	organization: X Corporation Trust Association Other ►	<b>L</b> Year		State of legal domicile: NH		
F		Briefly describe the organization's mission or most significant activities: PRE-I					
S	1	SCHOOL CHRISTIAN EDUCATION EMPHASIZING I	NTEGRI	TTY AND SERV			
Governance	2	Check this box $\blacktriangleright$ if the organization discontinued its operations or disposed					
ver		Number of voting members of the governing body (Part VI, line 1a)			9 sets.		
ဗီ		Number of independent voting members of the governing body (Part VI, line 1a)			8		
ა ა		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			33		
Activities &		Total number of volunteers (estimate if necessary)			140		
cti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
Ā		Net unrelated business taxable income from Form 990-T, line 34			0.		
		· · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year		
¢	8	Contributions and grants (Part VIII, line 1h)		197,927.	610,434.		
ň	9	Program service revenue (Part VIII, line 2g)		1,143,617.	1,295,768.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		62.	247.		
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		55,473.	70,324.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,397,079.	1,976,773.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) _		833,316.	753,367.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	<u> </u>			
ш	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		655,272.	592,907.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,488,588.	1,346,274.		
<u>,                                    </u>	19	Revenue less expenses. Subtract line 18 from line 12		-91,509.	630,499.		
Assets or Balances				ginning of Current Year	End of Year		
SSe Bala	20	Total assets (Part X, line 16)	······	4,125,439.	4,516,494.		
Net A	21	Total liabilities (Part X, line 26)		3,564,095. 561,344.	3,319,972.		
		Net assets or fund balances. Subtract line 21 from line 20		JOL, 344.	1,196,522.		

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

Sign	Signature of officer	Date					
Here	DEAN WHITEWAY, TRUSTEE						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature	Date Check X PTIN					
Paid	CHARLENE VALLEE CHARLENE VALLE	E 11/16/15 <sup>if</sup> self-employed P00049215					
Preparer	Firm's name <b>HENNESSEY &amp; VALLEE</b> , PLLC	Firm's EIN 🖌 47-5012649					
Use Only	Firm's address 👞 125 NORTH STATE STREET						
	CONCORD, NH 03301	Phone no.603-856-8467					
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
432001 11-0	432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2014)						

Form	n 990 (2014) CONCORD CHRISTIAN ACADEMY	20-5009013 Page 2
Pa	rt III Statement of Program Service Accomplishments	<u></u>
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
-	PRE-KINDERGARTEN THROUGH HIGH SCHOOL EDUCATION IN A CHR:	ISTIAN
	ENVIRONMENT OF INTEGRITY AND SERVICE.	
2	Did the organization undertake any significant program services during the year which were not listed on	
2		Yes X No
	the prior Form 990 or 990-EZ?	
•	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,006,285. including grants of \$) (Revenue)	
	ACCREDITED EDUCATION IN A CHRISTIAN ENVIRONMENT, SERVING	G 197 STUDENTS
	IN PRE-KINDERGARTEN THROUGH GRADE 12.	
4b		
40	(Code:) (Expenses \$ including grants of \$) (Revenue)	Je \$ )
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue\$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 1,006,285.	
		Form <b>990</b> (2014)

Form	990	(2014)

Form 990 (2014) CONCORD CHRISTIAN ACADEMY
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
-	If "Yes," complete Schedule A	1	X X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 23
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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 IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	44.1		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		- 23
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
1LU	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			<u>-</u> -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<i>.</i>		v
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	^	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20-2	complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
~		1		

Form **990** (2014)

 
 Form 990 (2014)
 CONCORD
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 Part IV
 Checklist of Required Schedules (continued)
 CONCORD CHRISTIAN ACADEMY

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		X X
b		28b		
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
04	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		
34		34	x	
350	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	004		
D.	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?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<b>—</b>		-
	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?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form **990** (2014)

Form	990 (2014) CONCORD CHRISTIAN ACADEMY 20-5009	013	F	Page 5
Pa				
	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   6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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 returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			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 required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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		
	Note. 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			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			17
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form <b>990</b> (20	)14)
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Form 990	(2014)
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#### CONCORD CHRISTIAN ACADEMY

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

	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion 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 1a 9					
	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 <b>1b</b>					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2	Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a		х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	Х			
b	Each committee with authority to act on behalf of the governing body?	8b	Х			
9	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	9		х		
Sec	tion 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		Х		
	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	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	in Schedule O how this was done	12c	Х			
13	Did the organization have a written whistleblower policy?	13	Х			
14	Did the organization have a written document retention and destruction policy?	14	Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Х			
	Other officers or key employees of the organization	15b	Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
	taxable entity during the year?	16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
	exempt status with respect to such arrangements?	16b				
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NH}$					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le			
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial			
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and records:					
	CLAIRE ROBERGE - 603-228-8888					
	37 REGIONAL DRIVE, CONCORD, NH 03301					

Part VII	Compensation of Officers,	Directors, Trust	tees, Key Empl	oyees, Highest	Compensated
	Employees, and Independe	nt 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 (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week (list any	<u> </u>						from the	from related organizations	other compensation
	hours for	direct				pg		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	· · · · · · · · · · · · · · · · · · ·	organization
	organizations	al trus	onal tr		loyee	comp e				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) FRED POTTER	10.00	_	_		-		-			
CHAIR		X		X				0.	0.	0.
(2) BEN BRAYSHAW	10.00									
TREASURER		Х		Х				0.	0.	0.
(3) BARRIE DAIGNEAULT	2.00									
TRUSTEE		Х						0.	0.	0.
(4) TOM ENGLUND	2.00								_	_
SECRETARY		X		х				0.	0.	0.
(5) MARILYN SYLVESTER	2.00									
TRUSTEE		X						0.	0.	0.
(6) DEAN WHITEWAY	40.00									
TRUSTEE/HEADMASTER		X		X				78,750.	0.	0.
(7) DAVID JOHNSON	2.00								0	0
TRUSTEE		X						0.	0.	0.
(8) BEVERLY PRIMEAU	2.00	.,						0	0	0
TRUSTEE	2 00	X						0.	0.	0.
(9) SCOTT SPIEWAK	2.00	v						0.	0.	0.
TRUSTEE		X						0.	0.	0.
		-	$\vdash$	-						
				1						

	1 990 (2014) CONCORD C									20-500	)90	13	Page <b>8</b>
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		tion more than one son is both an		(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		<b>(F)</b> Estima amour othe	ated nt of		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	;)	compen from organiz and rel organiza	sation the ation ated
											_		
											+		
											_		
с	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							78,750. 0. 78,750.	(	D. D. D.		0.0.0.
2	Total number of individuals (including but no compensation from the organization								-				0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su	-			-	•	•		highest compensated e			Ye:	s No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	),000? If "Yes,	le co " <i>co</i>	ompe mple	ensa ete S	atior Sche	n and edule	d ot ∋Ji	her compensation from for such individual	the organization		4	x
	rendered to the organization? If "Yes," com	-				-			-			5	X
1	tion B. Independent Contractors Complete this table for your five highest cor the organization. Report compensation for t										ensati	ion from	I
	(A) Name and business			ONE					(B) Description of s		Con	<b>(C)</b> npensat	ion
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	U U	ot lii	mite	d to		se lis	stec	d above) who received n	nore than			

Form	990 (	/	RD CHRIS	TIAN ACA	DEMY		20-5009	013 Page <b>9</b>
Pa	rt VII	Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lir				
					(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues			]			
ts, ( Am	с	Fundraising events	1c					
ilar		Related organizations						
Sins,		Government grants (contribut			4			
utio Ier (	f	All other contributions, gifts, gran		610 424				
Oth		similar amounts not included above		610,434.	-			
uo		Noncash contributions included in lines		<b>&gt;</b>	610,434.			
0 0	n	Total. Add lines 1a-1f		Business Code				
e	2 a	TUITION AND FEE		611110	1,295,768.	1,295,768.		
ې د د	b							
Sei	c							
am	d							
Program Service Revenue	е							
۲ ۲	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			1,295,768.			
	3	Investment income (including			0.47			247
		other similar amounts)			247.			247.
	4	Income from investment of tax						
	5	Royalties		(ii) Personal				
	6 2	Gross rents	(i) Real 19,200.		-			
		Less: rental expenses						
		Rental income or (loss)	19,200.					
					19,200.	19,200.		
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses			-			
		Gain or (loss)						
		Net gain or (loss)		····· ►				
Other Revenue	8 a	Gross income from fundraising including \$						
ever		contributions reported on line						
r Re		Part IV, line 18	-	53,601.				
the	b	Less: direct expenses		~ 488				
0		Net income or (loss) from func		►	51,124.			51,124.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		▶				
	10 a	Gross sales of inventory, less						
	h.	and allowances			-			
		Less: cost of goods sold						
	U	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 a							
	b							
	с							
	d							
		Total. Add lines 11a-11d				1 214 000		E1 201
	12	Total revenue. See instructions.		🕨	ц,у/о,//3.	L, JI4, YOV•	0.	51,371.

CONCORD CHRISTIAN ACADEMY

	Check if Schedule O contains a respons		Inis Part IX	(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			-	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	691,328.	502,881.	188,447.	
8	Pension plan accruals and contributions (include			,	
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	8,997.	6,335.	2,662.	
9 10	Payroll taxes	53,042.	38,151.	14,891.	
11	Fees for services (non-employees):	55,0124			
		12,865.		12,865.	
a L	Management	12,005.		12,003.	
b		6,200.		6,200.	
	Accounting	0,200.		0,200.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1 0 6 1		4 0 6 1	
	column (A) amount, list line 11g expenses on Sch 0.)	4,061.	10 100	4,061.	
12	Advertising and promotion	10,169.	10,169.		
13	Office expenses	49,274.	46,241.	3,033.	
14	Information technology	17,825.	17,825.		
15	Royalties				
16	Occupancy	89,583.	89,583.		
17	Travel	6,256.	6,256.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	89,921.		89,921.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	121,791.	104,573.	17,218.	
23	Insurance	22,825.	22,134.	691.	
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	CURRICULUM EXPENSES	104,109.	104,109.		
b	ATHLETIC DEPARTMENT	52,773.	52,773.		
c	SUBSTITUTE TEACHERS	3,483.	3,483.		
d	TRAINING SUPPLIES	1,772.	1,772.		
	All other expenses	,	,		
25	Total functional expenses. Add lines 1 through 24e	1,346,274.	1,006,285.	339,989.	
2 <u>5</u> 26	Joint costs. Complete this line only if the organization	_,,,	_,,2001		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

33

34

	990 (			20-	5009013 Page 11
Ра	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
		Orability of the sector of the	31,974.	4	33,092.
	1	Cash - non-interest-bearing	27,677.	1 2	569,686.
	2	Savings and temporary cash investments	424,913.	2	393,382.
	4	Pledges and grants receivable, net	13,337.	4	1,348.
	5	Accounts receivable, net	10,007.	-	1/0101
		trustees, key employees, and highest compensated employees. Complete			
				5	
	6	Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under		5	
	ľ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ś		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 4,581,780.			
	b	Less: accumulated depreciation 10b 1,062,794.	3,627,538.	10c	3,518,986.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4 105 400	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,125,439. 116,311.	16	4,516,494.
	17	Accounts payable and accrued expenses	110,311.	17	171,074.
	18	Grants payable	105,782.	18 19	157,993.
	19 20	Deferred revenue	105,702.	19 20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		20	
ú	22	Loans and other payables to current and former officers, directors, trustees,		21	
ities	~~~	key employees, highest compensated employees, and disqualified persons.			
Liabiliti		Complete Part II of Schedule L	648,737.	22	570,733.
Ë	23	Secured mortgages and notes payable to unrelated third parties	2,693,265.	23	2,420,172.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,564,095.	26	3,319,972.
		Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright$ X and			
sec		complete lines 27 through 29, and lines 33 and 34.	00 105		600.064
anc	27	Unrestricted net assets	89,105.	27	698,864.
Fund Balances	28	Temporarily restricted net assets	472,239.	28	497,658.
pur	29	Permanently restricted net assets		29	
т Т		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or	30	and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
it A:	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ř	22	Total not appets or fund belances	561 344.	22	1 196 522

Total net assets or fund balances Total liabilities and net assets/fund balances

1,196,522. 4,516,494. Form **990** (2014)

33

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561,344. 4,125,439.

Form	1990 (2014) CONCORD CHRISTIAN ACADEMY	20-5009	9013	Pag	ge <b>12</b>
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 2 3 4 5 6 7 8 9 10	Total revenue (must equal Part VIII, column (A), line 12)         Total expenses (must equal Part IX, column (A), line 25)         Revenue less expenses. Subtract line 2 from line 1         Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))         Net unrealized gains (losses) on investments         Donated services and use of facilities         Investment expenses         Prior period adjustments         Other changes in net assets or fund balances (explain in Schedule O)         Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		56:	5,2 ),4 L,3	
	column (B))	10 1	19	5,5	22.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1 2a	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 Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	2a	Yes	No X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
с	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
94	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	igle Audit			x
F	Act and OMB Circular A-133?	ired audit	3a		<u> </u>
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	or addits, explain why in Schedule O and describe any steps taken to undergo such addits		SD		

Form **990** (2014)

(Form	990	or	990-	·EZ)
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# 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	Pu	blic
Inspec	tic	n

Department of the Treasury Internal Revenue Service

Total

out Schedule A (Form 990 or 990-FZ) and its instructions is at ou/form000

Nex			on about ochequie A	(10111 990 01 990-EZ) and		10113 13 at W	ww.iis.gov/10		
Nam	e of t	he organization	משה התפינשי	IAN ACADEMY					identification number $0-5009013$
Pa	rt I	Reason for Public			mnlete th	is nart ) Se	e instruction		0 3003013
		ization is not a private found		-	-			5.	
1 <b>1</b>	Jigan	A church, convention of ch		•	-	,	()( A )(;)		
2	X	A school described in sect			J III SECIIO		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2					nation 170	<u></u>	::)		
3 4		A hospital or a cooperative					•	Viii) Entor	the beenitel's name
4		A medical research organiz city, and state:	ation operated in co	njunction with a hospital	l described	a in sectio	A)(1)(d)011 N	j(iii). Enter	the hospital's hame,
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a d	overnmental	init describ	ned in
Ŭ		section 170(b)(1)(A)(iv). (C				lou by u g	overninentar		
6		A federal, state, or local go	. ,	nental unit described in :	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	•					he general	public described in
		section 170(b)(1)(A)(vi). (C	-		U			0	
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An organization that norma	Ily receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	Ind gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
10		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	)9(a)(4).		
11		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section a	509(a)(2).	See <b>section</b> &	5 <b>09(a)(3).</b> (	Check the box in
		lines 11a through 11d that	describes the type c	of supporting organizatio	n and com	nplete lines	s 11e, 11f, an	d 11g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	' giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (	of the dire	ctors or truste	ees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally interpretent of the second	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	<b>y integrated.</b> A supp	oorting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.			
f	Ente	er the number of supported of	organizations						
<u> </u>		vide the following information							
	(	i) Name of supported organization	(ii) EIN	(described on lines 1-9	(iv) Is the o listed i	n your	(v) Amount of support	-	(vi) Amount of other support (see
		or gamzation		above or IRC section	governing o		Instruct		Instructions)
				(see instructions))	Yes	No		,	



### Schedule A (Form 990 or 990-EZ) 2014 CONCORD CHRISTIAN ACADEMY Part II Support Schedule for Organizations Described in Sections

20-5009013 Page 2 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
_	(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
	faile to supplify under the tested listed holes, unlesse essentiate Dayt III )

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
Ū	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
	The portion of total contributions							
5	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)							
-	Public support. Subtract line 5 from line 4.							
-	ction B. Total Support	1				1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources $\dots$							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instructi	ons)			12		
	First five years. If the Form 990 is for		,					
	organization, check this box and <b>stor</b>							
Sec	ction C. Computation of Publ						······	
14	Public support percentage for 2014 (	line 6. column (f) d	ivided by line 11.	column (f))		14	%	
	Public support percentage from 2013					15	%	
	<b>33 1/3% support test - 2014.</b> If the o							
100								
h	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
~	and stop here. The organization qual							
170								
178	10% -facts-and-circumstances tes							
	and if the organization meets the "fac			-	-	-		
	meets the "facts-and-circumstances"							
b	10% -facts-and-circumstances tes							
	more, and if the organization meets th							
	organization meets the "facts-and-circ							
18	<b>18</b> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2014

#### 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.)

Section A. P	ublic Support								
Calendar year (or	fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	((	<b>e)</b> 2014	(f) Total	
1 Gifts, grant	s, contributions, and						-		
membershi	p fees received. (Do not	I							
include any	, "unusual grants.")	ſ							
2 Gross rece merchandis formed, or any activity	ipts from admissions, se sold or services per- facilities furnished in that is related to the n's tax-exempt purpose								
3 Gross rece	ipts from activities that								
	unrelated trade or bus-								
	r section 513	ſ							
	es levied for the organ-								
	enefit and either paid to	ſ							
	d on its behalf								
-	of services or facilities								
	y a governmental unit to	ſ							
	ation without charge								
-	lines 1 through 5								
	icluded on lines 1, 2, and								
	from disgualified persons								
<b>b</b> Amounts inclue from other than exceed the gre	ded on lines 2 and 3 received a disqualified persons that ater of \$5,000 or 1% of the								
	13 for the year								
	a and 7b								
8 Public sup	port (Subtract line 7c from line 6.)								
		( ) 0010	(1) 0011	() 0010	( 1) 0010	, I	10011	(0 T ) )	
	fiscal year beginning in)	<b>(a)</b> 2010	(b) 2011	(c) 2012	(d) 2013	((	<b>e)</b> 2014	(f) Total	
<b>10a</b> Gross inco dividends, securities la	om line 6 me from interest, payments received on pans, rents, royalties e from similar sources								
	siness taxable income								
	511 taxes) from businesses er June 30, 1975								
c Add lines 1	0a and 10b								
11 Net income activities ne	e from unrelated business ot included in line 10b, not the business is								
12 Other incor or loss from	ne. Do not include gain n the sale of capital blain in Part VI.)								
	<b>It.</b> (Add lines 9, 10c, 11, and 12.)								
14 First five y	ears. If the Form 990 is for t	he organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(	(c)(3) organiz	ation,	
check this	box and <b>stop here</b>							►	
Section C. C	computation of Public	Support Pe	rcentage						
15 Public sup	port percentage for 2014 (lin	e 8, column (f) d	ivided by line 13, o	column (f))		15			%
16 Public sup	port percentage from 2013 S	Schedule A, Part	III, line 15			16			%
Section D. C	computation of Invest	ment Incom	e Percentage						
17 Investment	income percentage for 201	4 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17			%
	income percentage from 20					18			%
	upport tests - 2014. If the o						%, and line 1	7 is not	
	33 1/3%, check this box and	-					,	· •	
	upport tests - 2013. If the o						un 33 1/3%	and	
	ot more than 33 1/3%, check								
	Indation. If the organization								
		u		,, 51, 51, 66, 71					

#### Schedule A (Form 990 or 990-EZ) 2014 CONCORD CHRISTIAN ACADEMY

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *Part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	-		
	1		
	2		
	3a		
	3b		
	50		
	3c		
	4a		
	4b		
	40		
	4c		
	5a		
Ī			
	5b		
	5c		
	6		
	_		
	7		
	8		
	5		
	9a		
	<u>.</u>		
	9b		
	9c		
	00		
	10a		
	10b		

# Schedule A (Form 990 or 990-EZ) 2014 CONCORD CHRISTIAN ACADEMY Part IV Supporting Organizations (continued)

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

Schedule A (Form 990 or 990-EZ) 2014

#### Schedule A (Form 990 or 990 EZ) 2014 CONCORD CHRISTIAN ACADEMY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations ot Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

1

### Schedule A (Form 990 or 990 EZ) 2014 CONCORD CHRISTIAN ACADEMY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions		(	Current Year			
1	Amounts paid to supported organizations to accomplish exe	empt purposes					
2	Amounts paid to perform activity that directly furthers exemption						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which t	he organization is responsive	9				
	(provide details in <b>Part VI</b> ). See instructions.						
9	Distributable amount for 2014 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount	i					
		(i)	(ii)	(iii)			
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable			
			Pre-2014	Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2014						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2014:						
a							
b							
<u> </u>							
d	E 0010						
	From 2013						
-	Total of lines 3a through e						
	Applied to underdistributohs of prior years						
	Applied to 2014 distributable amount						
i	Carryover from 2009 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2014 from Section D,						
-	line 7: \$						
a	Applied to underdistributions of prior years						
	Applied to 2014 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2014, if						
•	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2014. Subtract lines 3h						
2	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2015. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а							
b							
с							
d	Excess from 2013						
e	Excess from 2014						
			0				

Schedule A (Form 990 or 990-EZ) 2014

Part VI 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).


		1			OMB No. 1545-0047
			al Financial Statements		<b>9011</b>
(Fori	m 990)	► Complete if the org Part IV, line 6, 7, 8, 9, 10	ganization answered "Yes" to Form 990, ), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		<b>ZU 14</b>
	tment of the Treasury al Revenue Service		Attach to Form 990. rm 990) and its instructions is at www.irs.gov/	form00/	Open to Public Inspection
	e of the organizat		The solutions is at www.irs.gov/		loyer identification number
		CONCORD CHRISTIAN			20-5009013
Pa		-	ed Funds or Other Similar Funds or A	Accou	nts.Complete if the
	organizatio	on answered "Yes" to Form 990, Part IV, lin		().	la an el alte en a sa consta
				(b) Fund	ds and other accounts
1		end of year			
2 3		of contributions to (during year) of grants from (during year)			
4		at end of year			
5			writing that the assets held in donor advised fur	nds	
	-		s exclusive legal control?		Yes No
6			advisors in writing that grant funds can be used		
	for charitable purp	poses and not for the benefit of the donor o	or donor advisor, or for any other purpose confe	rring	
_	impermissible priv				Yes No
Pa		•	ganization answered "Yes" to Form 990, Part IV	, line 7.	
1		servation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·		
		n of land for public use (e.g., recreation or e			
		of natural habitat n of open space	Preservation of a certified h	istoric s	structure
2		• •	ified conservation contribution in the form of a c	onserva	tion easement on the last
_	day of the tax yea			01100110	
					Held at the End of the Tax Year
а	Total number of c	conservation easements		2a	
b	Total acreage rest	tricted by conservation easements		2b	
С	Number of conser	rvation easements on a certified historic st	ructure included in (a)	2c	
d			after 8/17/06, and not on a historic structure		
				2d	
3		rvation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	nization	during the tax
4	year ►	where property subject to conservation ea	ecomont is located		
5		ation have a written policy regarding the pe			
Ŭ	-	forcement of the conservation easements			Yes No
6	,		, and enforcing conservation easements during	the year	
7	Amount of expense	ses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	ear 🕨 💲	S
8	Does each conse	rvation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(	B)(i)	
					Yes No
9		•	tion easements in its revenue and expense state		
			ation's financial statements that describes the or	ganizati	ion's accounting for
Pa	conservation ease		of Art, Historical Treasures, or Other	Simila	ar Assets
		if the organization answered "Yes" to Form		0	
1a			SC 958), not to report in its revenue statement a	nd bala	nce sheet works of art,
			chibition, education, or research in furtherance or		
		otnote to its financial statements that descr			
b	If the organization	n elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement and I	balance	sheet works of art, historical
	treasures, or othe	er similar assets held for public exhibition, e	education, or research in furtherance of public se	ervice, p	rovide the following amounts
	relating to these if				
				<b>N</b> 4	
~					
2			easures, or other similar assets for financial gain,	, provide	3
а	-	ounts required to be reported under SFAS 1 1 in Form 990 Part VIII line 1	(ASC 958) relating to these items:	▶ \$	3
		n Form 990, Part X		🕨 🦣	

Sche	dule D (Form 990) 2014 CONCORD	CHRISTIAN	ACA	DEMY			20	-50	09013	B Page <b>2</b>
Par	t III Organizations Maintaining C	<b>Collections of A</b>	rt, Hist	torical Tr	reasures, o	or Other	Similar /	Asset	t <b>s</b> (contin	ued)
3	Using the organization's acquisition, access	ion, and other record	ds, checł	k any of the	following that	at are a sigi	nificant use	of its o	collectior	n items
	(check all that apply):									
а	Public exhibition	c			change progra					
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's c							in Part	XIII.	
5	During the year, did the organization solicit of								1	
	to be sold to raise funds rather than to be m								Yes	No No
Par	<b>t IV</b> Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" to Fo	orm 990, Pa	rt IV, li	ne 9, or	
<u> </u>	reported an amount on Form 990, Pa									
<b>1</b> a	Is the organization an agent, trustee, custod		-						1	<b></b> .
	on Form 990, Part X?							ட	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	bliowing t	able:					• •	
	De sins is sub-slave a								Amount	
	Beginning balance									
	Additions during the year									
-	Distributions during the year						1e 1f			
f 2a	Ending balance Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par										
		(a) Current year		rior year			) Three years	back	(e) Four	vears back
1a	Beginning of year balance	(a) ourient year		nor year				buok	(0) 1 001	youro buon
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1)	g, column (	a)) held as:	I		•		
	Board designated or quasi-endowment	-	%	с, (						
	Permanent endowment	%								
с	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	and administe	ered for the	organizatio	n		
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Schec	ule R?					3b	
4	Describe in Part XIII the intended uses of the		owment f	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" to Form 990	), Part IV	, line 11a. S	See Form 990	, Part X, lin	ie 10.			
	Description of property	(a) Cost or c		• • •	t or other	• •	umulated		(d) Book	value
		basis (investr	ment)		(other)	depre	eciation			
	Land				75,392.					5,392.
	Buildings			3,77	74,606.	7!	53,948	•	3,020	),658.
	Leasehold improvements									
d	Equipment				22,006.		52,682			9,324.
	Other				9,776.	4	46,164			3,612.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line i	10c.)		<u></u>		ა,5⊥t	3,986.

Schedule D (Form 990) 2014

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.							
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
(1) Financial derivatives							
(2) Closely-held equity interests							
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)							

#### Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

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

Sche	dule D (Form 990) 2014 CONCORD CHRISTIAN ACADEMY			20-	5009013 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	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	1,983,929.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) 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	4,679.		
е	Add lines 2a through 2d			2e	4,679.
3	Subtract line 2e from line 1			3	1,979,250.
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	-2,477.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	-2,477.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				1,976,773.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				1 240 751
1	Total expenses and losses per audited financial statements			1	1,348,751.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses		<u> </u>		
d					
	Other (Describe in Part XIII.)		2,477.		0 400
е	Add lines 2a through 2d			2e	2,477.
е 3	Add lines 2a through 2d Subtract line 2e from line 1			2e 3	2,477. 1,346,274.
-	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:				
3	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
3 4 a b	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	. 4a			1,346,274.
3 4 a b	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4a 4b	· · · · · · · · · · · · · · · · · · ·	3 4c	1,346,274.
3 4 b c 5	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	· · · · · · · · · · · · · · · · · · ·	3	1,346,274.

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:

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 YEARS BEFORE
2011

Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
IN-KIND AND NON-CASH DONATIONS	4,679.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES INCLUDED IN REVENUE	-2,477.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES INCLUDED IN REVENUE	2,477.

<b>(For</b>	SCHEDULE E       Schools       OMB №         (Form 990 or 990-EZ)       Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.       20         Department of the Treasury Internal Revenue Service       Attach to Form 990 or Form 990-EZ.       Omb №         Internal Revenue Service       Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.ire.gov/form990       Open Inspective							
Name	► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form9</u> e of the organization	90. I ployer identi	•		mber			
	CONCORD CHRISTIAN ACADEMY	20-50						
Pa	tl							
				YES	NO			
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws other governing instrument, or in a resolution of its governing body?		1	x				
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochur							
	catalogues, and other written communications with the public dealing with student admissions, programs, and scl	holarships?	2	Х				
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during period of solicitation for students, or during the registration period if it has no solicitation program, in a way that method the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.	akes						
			3	х				
	If you need more space, use Part II PUBLISHED IN LOCAL NEWSPAPER IN JANUARY OF EVERY YEAR.		3					
	PRINTED ON ALL ADMISSION AND APPLICATION FORMS.							
4	Does the organization maintain the following?							
-	<ul> <li>a Records indicating the racial composition of the student body, faculty, and administrative staff?</li> </ul>							
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminator		4a 4b	X X				
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with	-						
•	admissions, programs, and scholarships?		4c	х				
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Х				
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.							
5	Does the organization discriminate by race in any way with respect to:							
	Students' rights or privileges?		5a		X			
	Admissions policies?		5b		X			
	Employment of faculty or administrative staff?		5c		X			
	Scholarships or other financial assistance?		5d		X			
	Educational policies?		5e		X			
	Use of facilities?		5f		X			
q	Athletic programs?		5g		X			
	Other extracurricular activities?		5h		X			
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.							
	··· )							
6a	6a 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?		6a 6b		X X			
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.							
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 c	of						
-	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		7	х				

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

Schedule E (Form 990 or 990-EZ) (2014)

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

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization CONCORE	ental Information Regarding e organization answered "Yes" to l organization entered more than \$1 ▶ Attach to Form 990 about Schedule G (Form 990 or 990-EZ) O CHRISTIAN ACADEMY Complete if the organization answert.	Form 99 5,000 on ) or Forn and its in	0, Pa n For n 990 nstrue	art IV, lines 17, 18, o m 990-EZ, line 6a. 0-EZ. ctions is at <u>www.irs.o</u>	or 19, <u>10v/fo</u>	or if the <u>rm 990.</u> Employer in 20 – 500				
<ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Ail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.</li> </ul>										
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Di fundrais have cust or contro contributio	lody of of	(iv) Gross receipts from activity	tò (o f	Amount paic r retained by undraiser ed in col. <b>(i)</b>				
		Yes I	No							
Total 3 List all states in which the organization	n is registered or licensed to solicit		► tions	or has been notified	d it ie	exempt from				
or licensing.										

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

#### Schedule G (Form 990 or 990-EZ) 2014 CONCORD CHRISTIAN ACADEMY

20-5009013 Page 2

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and g	ross income on Form 990	D-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			AUCTION	PARTNERS	4	(add col. <b>(a)</b> through col. <b>(c)</b> )
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	19,591.	19,485.	14,525.	53,601.
	2	Less: Contributions				
	2					
	3	Gross income (line 1 minus line 2)	19,591.	19,485.	14,525.	53,601.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses			118.	2,477.
	10	Direct expense summary. Add lines 4 throug			🕨	2,477.
Pa	11 rt	Net income summary. Subtract line 10 from <b>III Gaming.</b> Complete if the organization		000 Part IV line 19 or r		51,124.
14		\$15,000 on Form 990-EZ, line 6a.	answered res to rom	1330, 1 art 10, inte 13, 01 h	eponed more than	
a			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))
Rev						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	0	Net gaming income summary. Subtract line 7	7 from line 1 och mer (-1)		•	
	8	Net garning income summary. Subtract line	7 from line 1, column (a)			
9	Ent	ter the state(s) in which the organization cond	ucts gaming activities:			
а		the organization licensed to conduct gaming a		states?		Yes No
b	lf "	No," explain:				
10a	We	ere any of the organization's gaming licenses r	revoked, suspended or te	erminated during the tax	/ear?	Yes No
		Yes," explain:				

432082 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

Sch	nedule G (Form 990 or 990-EZ) 2014 CONCORD CHRISTIAN ACADEMY 20-5	5009	013	Page <b>3</b>
	Does the organization conduct gaming activities with nonmembers?	,	Yes	No
	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?	<u> </u>	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	13a		%
	o An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
ł	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party $\triangleright$ \$			
c	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			
	Mandatory distributions:			
G	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Γ,	Yes	
ł	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—		
	organization's own exempt activities during the tax year <b>&gt;</b> \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	ines 9, 9	9b, 10	)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			

Part IV	Supplemental Information (continued)

SCHEDULE L	Transactions With Interested Persons											OMB No. 1545-0			047	
(Form 990 or 990-EZ)	Complete		organization ans	swere	d "Yes	s" on Form 99	0, Par	t IV, line 2		26, 27,	<b>28</b> a,		20	1/		
			28b, or 28c, o			-EZ, Part V, lir 990 or Form 9							2014			
Department of the Treasury Internal Revenue Service	► Informati	on abou	it Schedule L (Forr	m 990	or 990-	EZ) and its instr	uction	∠. sisat <sub>www</sub>	irs aov/fr		0	Open To Public Inspection			lic	
Name of the organizatio													dentification number			
		RD C	HRISTIAN	AC	ADE	MY					-	090				
Part I Excess I	Benefit Tra	nsact	ions (section 50	)1(c)(3	3), sect	ion 501(c)(4), a	and 50	)1(c)(29) or	ganizatior	ns only	/).					
Complete i	f the organizati	on ans	wered "Yes" on F	orm 9	990, Pa	art IV, line 25a	or 25k	o, or Form	990-EZ, P	art V,	line 40	)b.				
1 (a) Name of disqual	ified person	(b) I	Relationship betv			lified	(c	<b>:)</b> Descripti	on of tran	sactic	n		(d)	Corre	cted?	
		person and or	ganiza	ation		(-	.) <u> </u>					<u> </u>	es	No		
		+														
2 Enter the amount o	of tax incurred I	by the o	organization man	agers	or dise	qualified perso	ns du	ring the ye	ar under							
											► \$					
<b>3</b> Enter the amount o	of tax, if any, or	line 2,	above, reimburs	ed by	the or	ganization					▶ \$					
Part II Loans to	and/or Fro	m Int	terested Pers	sons	; <b>.</b>											
Complete i	f the organizati	on ans	wered "Yes" on F	orm 9	990-EZ	, Part V, line 38	8a or F	- orm 990, I	Part IV, lin	ie 26;	or if th	ne orga	nizati	on		
reported ar	n amount on Fo	orm 990	), Part X, line 5, 6	<u> </u>								<del></del>				
(a) Name of	(b) Relat				oan to or n the	(e) Origina		(f) Balan	ce due	(g)	In	( <b>h)</b> App by boa	roved Ird or	(i) W	/ritten	
interested person	with orga	ΠΙΖατίΟΠ	of loan		ization?	principal amo	·				-	committee?				
CLAIRE ROBER	CE EMPL		FINANCIN	To X	From	137,9	45	183	,615.	Yes	No X	Yes X	No	Yes X	No	
MERTIE POTTE			FINANCIN			175,0			,181.		X	X		X		
BEN BRAYSHAW			FINANCIN			20,0			,550.		X	X		X		
CML-REALTY I			FINANCIN			135,3			,387.		Х	X		Х		
															<u> </u>	
Total							▶ \$	570	,733.		I					
	or Assistand	e Be	nefiting Inter	este	d Pe		Ý									
Complete i	f the organizati	on ans	wered "Yes" on F	orm 9	990, Pa	art IV, line 27.										
(a) Name of interested person (b) Relationship interested person			(b) Relationship interested pers the organiza	on an		<b>(c)</b> Amou assistar			<b>(d)</b> Type assistan			(e) Purpose of assistance				

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

Schedule L (Form 990 or 990-EZ) 2014

#### Schedule L (Form 990 or 990-EZ) 2014 CONCORD CHRISTIAN ACADEMY

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of ation's ues?
				Yes	No
				1	

#### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

#### SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: CLAIRE ROBERGE

(C) PURPOSE OF LOAN: FINANCING

- (A) NAME OF PERSON: MERTIE POTTER
- (B) RELATIONSHIP WITH ORGANIZATION: SPOUSE OF TRUSTEE

(C) PURPOSE OF LOAN: FINANCING

#### (A) NAME OF PERSON: BEN BRAYSHAW

(C) PURPOSE OF LOAN: FINANCING

- (A) NAME OF PERSON: CML-REALTY IRA
- (B) RELATIONSHIP WITH ORGANIZATION: IRA OF TRUSTEE

(C) PURPOSE OF LOAN: FINANCING

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 Complete to provide information for responses to specific of Form 990 or 990-EZ or to provide any additional inform Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at	uestions on ation. 2014 Open to Public
Name of the organization CONCORD CHRISTIAN ACADEMY	Employer identification number 20-5009013
FORM 990, PART VI, SECTION A, LINE 2:	
A MANAGEMENT EMPLOYEE DOES WORK AS AN INDEPENDENT	CONTRACTOR FOR A BUSINES
OWNED BY A BOARD TRUSTEE. THE BUSINESS HAS NO TRA	NSACTIONS WITH THE FILIN
ORGANIZATION.	
FORM 990, PART VI, SECTION B, LINE 11:	
COPIES OF THE FORM 990 WERE DISTRIBUTED TO ALL BOA	RD MEMBERS PRIOR TO THE
FORM BEING FILED WITH THE INTERNAL REVENUE SERVICE	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD REVIEWS THE POLICY FOR ALL NEW MEMBERS T	O THE BOARD.
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION FOR THE OPERATING OFFICER, SCHOOL DIR	ECTOR AND HEADMASTER ARE
DETERMINED BY THE BOARD USING COMPARABLE DATA.	
FORM 990, PART VI, SECTION C, LINE 18:	
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:	
TAX RELATED DOCUMENTS ARE POSTED ON VARIOUS WEBSIT	ES AND ARE AVAILABLE BY
REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
IN-KIND AND NON-CASH DONATIONS	4,679

SCHE	EDULE	R

#### (Form 990)

Department of the Treasury Internal Revenue Service

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

**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.

Name of the organization

#### CONCORD CHRISTIAN ACADEMY

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled :ity?
				501(c)(3))		Yes	No
CONCORD CHRISTIAN ACADEMY GIVING & GOING							
ALLIANCE - 20-5069112, 37 REGIONAL DRIVE,							
CONCORD, NH 03301	EDUCATION SUPPORT	NEW HAMPSHIRE	501(C)(3)	7			X
	4						
	-						
	]						

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

Schedule R (Form 990) 2014

Employer identification number

20-5009013

2014

**Open to Public** 

Inspection

432161 08-14-14 LHA

#### Schedule R (Form 990) 2014 CONCORD CHRISTIAN ACADEMY

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 entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate ttions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	<sup>Il or</sup> Percentage <sup>ing</sup> ownership er?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
	]										
	]										
	1										

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	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i Sec 512(b contr enti	<b>i)</b> tion b)(13) rolled ity?
		country)		of trubty		400010		Yes	No
								$\square$	

#### Schedule R (Form 990) 2014 CONCORD CHRISTIAN ACADEMY

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

lote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		2
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			2
f Dividends from related organization(s)			2
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			_
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)			
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)	1s		

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

#### Schedule R (Form 990) 2014 CONCORD CHRISTIAN ACADEMY

#### 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>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs <b>Yes</b>	) all s sec. )(3) .? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Dispr tior	n) opor- nate tions? No	(j) General o managing partner? Yes NC	<b>(k)</b> Percentage ownership

Schedule R (Form 990) 2014

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Fartvii	Supplemental	Information

Provide additional information for responses to questions on Schedule R (see instructions).