

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# EXTENDED TO FEBRUARY 16, 2016 **Short Form**

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-1150

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

7	Δ F	or the	2014 calendar year, or tax year beginning JUL 1, 2014 and ending JU	N 30	21	)15
í	BC	neck if	C Name of organization			ntification number
	ap	oplicable 1	CONCORD CURTOMIAN ACADEMY CIVING & COINC	D Citipit	ıycı iuc	IICIIICACIQII IIBIIIDCI
	$\vdash$	7	ALLTANGE	20	<b>Ε</b> Λ <i>i</i>	59112
	$\vdash$	7	change ALLIANCE Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telep		
	<u> </u>	Jinitiai r Final re	etum/			
	<u></u>	_  term:n:  1	ated PO BOX 714  City or town, state or province, country, and ZIP or foreign postal code			16-5002
	<u> </u>	Amend		F Group		tion
-	<u> </u>		non pending CONCORD, NH 03302		<u>per</u> ▶	<del></del>
(			ing Method	H Chec		if the organization is
l	-		y ►N/A		•	to attach Schedule B
9			mpt status (check only one) — X 501(c)(3)	(Forn	1 <u>990, 9</u>	90-EZ, or 990-PF)
ļ			organization X Corporation Trust Association Other			<u></u>
1			s 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part	II,		
	С	<u>olumn</u>	(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$	98,393.
	Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ictions fo	or Part I	•
_			Check if the organization used Schedule O to respond to any question in this Part I			X
		1	Contributions, gifts, grants, and similar amounts received	L	<u>1 ] </u>	57,124.
		2	Program service revenue including government fees and contracts		2	
		3	Membership dues and assessments	Γ	3	41,265.
		4	Investment income		4	
		5a	Gross amount from sale of assets other than inventory 5a			<del></del>
		b	Less cost or other basis and sales expenses 5b			
	Revenue	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
		l	Gaming and fundraising events			
		ı	Gross income from gaming (attach Schedule G if greater than			
		l	\$15,000)			
	eve	ı	Gross income from fundraising events (not including \$			
(	Œ		from fundraising events reported on line 1) (attach Schedule G if the sum of such			
			from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			
		l	less direct expenses from gaming and fundraising events			
			Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
			2 consider a formation of the authors and all among as			
			Less cost of goods sold  Less cost of goods sold			
			Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	$\overline{}$	7c	
		l	Other revenue (describe in Schedule O)  SEE SCHEDULE O	<u> </u>	8	4.
		l	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	98,393.
•			Grants and similar amounts paid (list in Schedule O)	-	10	= - , 0 0
≘		l	Benefits paid to or for members	<b>—</b>	11	
۵n/	so.	l	Salaries, other compensation, and employee benefits		12	
<b>5</b> .	Se	l	Professional fees and other payments to independent contractors		13	1,200.
7	Expenses	l	Occupancy, rent, utilities, and maintenance		14	
<u>.</u>	ŭ	l	Printing, publications, postage, and shipping		15	
L.		l	Other expenses (describe in Schedule O)  SEE SCHEDULE O	-	16	45,055.
6 Z 93 1 /25 Min # 4			Total expenses. Add lines 10 through 16	▶	17	46,255.
	—		Excess or (deficit) for the year (Subtract line 17 from line 9)		18	52,138.
	əts	1		F	10	32,130.
:	SS	1	Net assets or fund balances at beginning of year (from line 27, column (A))		10	14,014.
•	Net Assets	l .	(must agree with end-of-year figure reported on prior year's return)	-	19	14,014.
:	ž	1	Other changes in net assets or fund balances (explain in Schedule 0)	-	20	66,152.
			Net assets or fund balances at end of year Combine lines 18 through 20		21	Form <b>990-EZ</b> (2014)
	LH/	A POI	Paperwork Reduction Act Notice, see the separate instructions.			rorm <b>990-EZ</b> (2014)

432171 12-15-14

Forn	n 990-EZ (2014) ALLIANCE			<u> 20-</u>	50691	12 Page 2
Pa	art II Balance Sheets (see the instructions for Part II)					
	, Check if the organization used Schedule O to re-	spond to any que	estion in this Part II	_		
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		14,014	- 22		66,152.
23	Land and buildings			23		
24	Other assets (describe in Schedule O)			24		
25	Total assets		14,014	• 25		66,152.
26	Total liabilities (describe in Schedule O)		0	- 26		0.
27			14,014			66,152.
	art III Statement of Program Service Accomplishme	nts (see the instr			Ex	penses
	Check if the organization used Schedule O to re-	·	•		(Required	for section
Wha	at is the organization's primary exempt purpose?SCHOLARSHIP SU					and 501(c)(4) ons, optional for
Desc	onbe the organization's program service accomplishments for each of its three largest program her, describe the services provided, the number of persons benefited, and other relevant information.	services, as measured by ex	spenses In a clear and concise		others )	mo, optional for
28	SCHOLARSHIP TUITION SUPPORT			_	<u> </u>	
			<del>,</del>			
	(Grants \$ ) If this amount includes foreign	grants check here		一	28a	44,000.
29	Talants V ) It this amount includes loreign	grants, check here		<u> </u>	200	11,0000
23						
				—		
	(Grants \$ ) If this amount includes foreign	grants check here			29a	
30	Til tills amount molades foroign	grants, oncor here		<u> </u>		
00				_		
		- <u>-</u>				
	(Grants \$ ) If this amount includes foreign	grants, check here	<b>•</b>	$\Box$	30a	
31	Other program services (describe in Schedule O)					
•	(Grants \$ ) If this amount includes foreign	grants, check here	•		31a	
32	Total program service expenses (add lines 28a through 31a)			<b></b>	32	44,000.
	art IV List of Officers, Directors, Trustees, and Key I	Employees (list each	n one even if not compensated -	see the		
L	Check if the organization used Schedule O to re					
		(b) Average hour			alth benefits,	(e) Estimated
	(a) Name and title	per week devoted	1 1 1 1 1 1	contr	butions to yee benefit	amount of other
	(4)	position	(if not paid, enter -0-)	plans,	and deferred pensation	compensation
BE	VERLY PRIMEAU					
	RECTOR	1.00	0.		0.	0.
	YAN YOUNG		<del>-                                     </del>			
	RECTOR	1.00	0.		0.	0.
	ARY NEMICCOLO					
	RECTOR	1.00	0.		0.	0.
	AROLD JARVIS					
	IAIRMAN	2.00	0.		0.	0.
	BORAH HOLT					
	REASURER	2.00	0.		0.	0.
	NATIONAL DESCRIPTION OF THE PROPERTY OF THE PR	<u> </u>				
		7				
				<u> </u>		-
		7				
		1		1		
		<del>                                     </del>				-
-		7				
	<del>_</del>	<del>                                     </del>				
		┪				
_			<del></del>			<del></del> -
_		-				
_		+		-		<del></del>
_		1	1	1		1
		-				
	172 12-15-14				F	<b>990-EZ</b> (2014)

Form	990-EZ (2014) ALLIANCE 20-5069		F	Page <b>3</b>
	it V Other Information (Note the Schedule A and personal benefit contract statement requirement	s in t	he	-3
L	instructions for Part V) Check if the organization used Sch. O to respond to any question in thi	s Par	t V	X
		-	Yes	_
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		.03	110
33	activity in Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	_00	_	
34	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	-	Ž
25.2	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
JJa	on lines 2, 6a, and 7a, among others)?	35a		Х
h	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	200		-
Ü	requirements during the year? If "Yes," complete Schedule C, Part III	35c i		Х
26		336		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	36		Х
07-	complete applicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instructions	30		
		275		Х
	Did the organization file Form 1120-POL for this year?	37b		
383	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	00-		Х
	In a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved 386 N/A	38a	• • •	^
39	Section 501(c)(7) organizations Enter  Initiation fees and capital contributions included on line 9  N/A			
4U a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0 • , section 4915 ► 0 •			
D	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any	401		Х
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disgualified persons during the year under sections 4912, 4955, and 4958.			
	· · · · · · · · · · · · · · · · · · ·			
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
	· · · · · · · · · · · · · · · · · · ·			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	400		Х
44	transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed NH	40e	L	
41	The organization's books are in care of ► CLAIRE ROBERGE  Telephone no ► 603-22	8_8	888	
42 a	Located at ▶ 37 REGIONAL DRIVE, CONCORD, NH ZIP+4 ▶ 0			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			,
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	[ 1	х
•	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
		N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O .	44d	L	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ	X
þ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	Ì		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	L	L
		Form 9	90-EZ	(2014)

432173 12-15-14

CONCORD CHRISTIAN ACADEMY GIVING & GOING Form 990-EZ (2014) 20-5069112 ALLIANCE Page 4 Yes No Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 Х Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Yes Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II 47 47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization a section 527 organization? 49b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more 50 than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and title of each employee (d) Health benefits contributions to employee benefit (b) Average hours (C) Reportable (e) Estimated mpensation (Forms W-2/1099-MISC) per week devoted to amount of other plans, and deferred position compensation NONE compensation Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the NONE organization If there is none, enter "None" (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a 52 ► X Yes \_ completed Schedule A 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 Here DEBORAH HOLT, TREASURER Type or prnt name and title Prepare/s signature Check X if PTIN Print/Type preparer's name self- employed Paid

CHARLENE T VALLEE 01/23/16 P00049215 CHARLENE T VALLEE **Preparer** Firm's name ► CHARLENE T. VALLEE, CPA, PLLC Firm's EIN ► 46-3714820 Use Only Firm's address ▶ 30 SOUTH MAIN STREET, SUITE 107 Phone no 603-856-8467 CONCORD, NH 03301 ► X Yes May the IRS discuss this return with the preparer shown above? See instructions Form 990-EZ (2014)

#### **SCHEDULE A**

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Open to Public . Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. CONCORD CHRISTIAN ACADEMY GIVING & GOING

**Employer identification number** 

		ALLI						0-2009117	
Pε	rt E	Reason for Public (	Charity Status (	All organizations must co	omplete th	ıs part.) Se	e instructions.		
Γhe	organ	zation is not a private found	ation because it is: (	For lines 1 through 11, o	heck only	one box.)		<del></del> -	
1		A church, convention of ch	urches, or association	on of churches described	d ın sectio	n 170(b)(1	)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	$\overline{\Box}$	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
-		city, and state:		,				ine troopital o rialito,	
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a no	overnmental unit describ	ned in	
•	L	section 170(b)(1)(A)(iv). (C		nogo or armitoromy office	or opera	.ou o, u g	overnmental and account	,	
6		A federal, state, or local gov	· · · · · · · · · · · · · · · · · · ·	nontal unit departhed in	coetion 17	70/6\/4\/A\	6.A		
_	$\overline{\mathbf{x}}$								
•	1_43_	An organization that norma		iniai pari oi its support i	ioni a gov	emmentai	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C	•	(4) (4) (6) (6) (6) (6) (6) (6)					
8	$\vdash$	A community trust describe							
9	ш	An organization that norma							
		activities related to its exen						*	
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor	•					-	
10	$\vdash$	An organization organized a	•	,	-				
11	Ш	An organization organized a	•	•	•		•		
		more publicly supported or	=					Check the box in	
		lines 11a through 11d that				•	•		
а			•	•		•		• •	
		the supported organization			a majority	of the direc	ctors or trustees of the s	supporting	
	_	organization. You must o	•						
b	· L	Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s supporte	ed organization(s), by ha	iving	
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	entrol or manage the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
C	. L_	Type III functionally inte	grated. A supportin	g organization operated	ın connec	tion with, a	and functionally integrate	ed with,	
	_	its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d	ـــا ا		<b>integrated</b> . A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)	
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness	
		requirement (see instruct	ions). <b>You must cor</b>	nplete Part IV, Sections	s A and D,	and Part	V.		
е	. L	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	Type III non-function	nally integrated support	ıng organı	zation.			
f	Ente	er the number of supported o	organizations					<u> </u>	
g		ride the following information							
	(	i) Name of supported	(ii) EIN	litai fi a maranta di manana di	(iv) is the o	rganization n vour	(v) Amount of monetary	(vi) Amount of	
		organization		(described on lines 1.9 above or IRC section	governing	document?	support (see Instructions)	other support (see Instructions)	
				(see instructions))	Yes	No	matructions	matructions)	
T - A.	_1				l .	1		I	

Schedule A (Form 990 or 990-EZ) 2014 ALLIANCE

20-5069112 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 59,028. 53,534. 40,405 include any "unusual grants.") 35,233. 98,389. 286,589. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 59,028. 53,534. 40,405. 35,233. 4 Total. Add lines 1 through 3 98,389. 286,589. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 44,809. 6 Public support. Subtract line 5 from line 4 241,780. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 **(b)** 2011 (c) 2012 (f) Total (d) 2013 (e) 2014 59,028. 53,534. 40,405  $35,2\overline{33}$ 98,389. 7 Amounts from line 4 286,589. 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 31 27 7 4 and income from similar sources 4. 73. 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 10 286,662. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 84.34 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 83.29 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ►X 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 qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

## 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. Public Support						
Calendar 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	į					
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						ĺ
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that			-	<del></del>	<del>                                     </del>	
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-			-	-		<del></del>
ization's benefit and either paid to						
or expended on its behalf						
·				<del> </del>	·	<del></del>
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge	<u> </u>					
6 Total. Add lines 1 through 5	<u> </u>		_	<del>                                     </del>		
7a Amounts included on lines 1, 2, and						(
3 received from disqualified persons	<u></u>				<del> </del>	
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year				<u></u>	<u></u>	
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013_	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income					<u> </u>	
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						-
11 Net income from unrelated business				<del>                                     </del>		
activities not included in line 10b,						
whether or not the business is						
regularly carried on  12 Other income. Do not include gain			-	<del>                                     </del>	<del>  -</del>	-
or loss from the sale of capital						
assets (Explain in Part VI.)		-	-	<del> </del>	<del>                                     </del>	<del></del>
13 Total support. (Add lines 9, 10c, 11, and 12)	L			J		L
14 First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ration,
check this box and stop here	: O + D-		<del></del>	<del></del> ,	<del></del>	▶∟
Section C. Computation of Publ					<del>1</del> 1 —	
15 Public support percentage for 2014 (			column (f))	•	15	<del>- · · ·</del>
16 Public support percentage from 2013					16	<del></del>
Section D. Computation of Inve		-			T.=T	
17 Investment income percentage for 20			ne 13, column (f))		17	
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2014. If the						17 is not
more than 33 1/3%, check this box a						▶∟
b 33 1/3% support tests - 2013. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anızatıon qualifies	as a publicly sup	ported organization	▶□
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	nstructions	

#### 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 Sup	porting 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 Viwhen 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 Viwhat 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?
- 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, loan, 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			
	1		
	2		
	3a		
	3ь		
i			
	3c		
ļ	- 00		
	4a		
	<del>-</del> a		
	<b>4</b> 0.		
	4b	,	
	4c		
	5a		
	5b		
	5c		
	6	,	
	7	1	
	<del> •</del>		
	٥		
	8		<del></del>
	Λ-		- ~
	9a		
	٥.		
	9b		
	•		
	9c		
	10a		
_	10b	L	<u> </u>
0	90 or 99	n-F7	2014

	edule A (Form 990 or 990-EZ) 2014 ALLIANCE 20-	506911	2 Pa	age 5
Pa	rt IV   Supporting Organizations (continued)			-350
	•		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	L	
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	ļ	
Sec	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 Part VI how the supported organization(s) effectively operated, supervised, or			,
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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			Ţ
	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sec</u>	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons):		-
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	Instructions	;).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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 <i>Part VI</i> .	3a		i.
b				~
	of its supported organizations? If "Yes," describe in <i>Part VI the role played by the organization in this regard.</i>	3ь	[	

	edule A (Form 990 or 990-EZ) 2014 ALLTANCE  Int V Type III Non-Functionally Integrated 509(a)(3) Supportin	a Oracı	nizations 4	20-5069112 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
•	other Type III non-functionally integrated supporting organizations must co			uctions. All
Sec	tion A - Adjusted Net Income	inpiete 3	(A) Prior Year	(B) Current Year
	No. 1 de la constant			(optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	_   3		<del></del>
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	<u>-</u> ,	
_8_	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b	- · · · · · · · · · · · · · · · · · · ·	
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		<del></del>	
	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		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	······	<del></del>
2	Enter 85% of line 1	2	77. 1-7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	······································	<del></del>
4	Enter greater of line 2 or line 3	4	<del>III.   ===</del> -	
5	Income tax imposed in prior year	5	······································	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	<del>  -  </del>		
-	emergency temporary reduction (see instructions)	6	,	
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting org	ianization (see
	instructions).	.,g, at	/p eapporting org	

Schedule A (Form 990 or 990-EZ) 2014 ALLIANCE 20-5069112 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section-D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions. 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) **Excess Distributions Underdistributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014: ь C d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h 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. a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2015. Add lines 3| and 4c. Breakdown of line 7: ь

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014

Schedule A	(Form 990 or 990-EZ) 2014 ALL I A	ANCE	20-5069112 Page 8
Part VI	Supplemental Information.	ANCE Provide the explanations required by Part II, line 10; Pa	art II, line 17a or 17b; and Part III, line 12.
<del>.</del>	Also complete this part for any addit	ional information. (See instructions).	
			• •
			<u> </u>
		· · · · · · · · · · · · · · · · · · ·	
		····	
			·
432028 09-17	-14		Schedule A (Form 990 or 990-EZ) 2014

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

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

Attach to Form 990 or 990-EZ.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. CONCORD CHRISTIAN ACADEMY GIVING & GOING ALLIANCE

**Employer identification number** 20-5069112

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST INCOME	4.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BACKGROUND CHECKS	705.
FEES	75.
TUITION SUPPORT	44,000.
WEBSITE	275.
TOTAL TO FORM 990-EZ, LINE 16	45,055.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT	CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUND	S, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRA	CT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUM	S, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
<del></del>	
·	
	<u>.</u>