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Form **990-EZ** Department of the Treasury

Internal Revenue Service

A For the 2012 calendar year, or tax year beginning

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

Idar year, or tax year beginning FEB 13, 2013 and ending JUN 30, 2013

OMB No 1545-1150

Open to Public Inspection

A CHALLENGE FOUNDATION ACADEMY , INC A6-5038550 Number view A CHALLENGE FOUNDATION ACADEMY , INC A4-5038550 Number view A CHALLENGE FOUNDATION ACADEMY , INC A4-5038550 Number view A CHALLENGE FOUNDATION ACADEMY , INC A4-70025 Recomplete and street (or 9.0 box of main is not delivered to street address) Recomplete Revended and the control of the contr	В	Check if applicable	C Name of organization D Employer identification number							
Investment services A CHALLENGE FOUNDATION ACADEMY, INC	Г	_								
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K Check				1047/21/11	or 527					
SSO,DOB. A Form 990-E2 or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 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), Inte 25c, column (8) below) are \$500,000 or more, file Form 990-E7. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any question in this Part I Contributions, grifts, grants, and similar amounts received 1 Contributions grifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 b Less: cost or other bases and sales expenses 6 Ganning and fundraising events (not including \$ Gross income from gaming (attach Schedule G if greater than \$15,000) 5 C Less: direct expenses from gaming in contraining events 6 Gross income and contributions exceeds \$15,000) 6 C Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 C Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 C Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 C Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 C Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 C Gross sales of inventory, less returns and allowances 7 D Less cross cost of goods sold 9 D Less: cross of goods of inventory (Subtract line 7b from line 7a) 10 D Less grants and similar amounts paid (line) gischedule () 11 C Grants and similar amounts paid (line) gischedule () 12 Salarias, other compensation, and ellipse b									<u> </u>	
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EXCELSIOR CLASSICAL ACADEMY -

orn	n 990-EZ (2012) A CHALLENGE FOUNDATION ACA	ADEMY, INC		<u>46-</u>	<u>50385</u>	50 Page 2
Pa	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp	ond to any questic	on in this Part II			
			(A) Beginning of year	1.	(B) E	nd of year
22	Cash, savings, and investments			22	_	
23	Land and buildings	<u></u>		23		
24	Other assets (describe in Schedule 0)			24		
25	Total assets		0	• 25		0.
26	Total liabilities (describe in Schedule 0)		0	- 26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		0	• 27		0.
Pa	artill Statement of Program Service Accomplishmen	ts (see the instruc	tions for Part III)		Ex	penses
	Check if the organization used Schedule O to resp	ond to any questic	on in this Part III	X		for section
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE O					and 501(c)(4) ons and section
	cribe the organization's program service accomplishments for each of its three largest program se	rvices, as measured by expens	es In a clear and concise) trusts; optional
	ner, describe the services provided, the number of persons benefited, and other relevant informat				for others.	.)
28	EDUCATION					
	(Grants \$) If this amount includes foreign g	rante chack hara			28a	
20	Idiants 4) in this amount includes loreighty	rants, check here			204	
29						
	-					
	(Out-to-th)				00-	
	(Grants \$) If this amount includes foreign g	rants, check here	<u>P</u>		29a	
30						
						
				$\overline{}$		
	(Grants \$) If this amount includes foreign g	rants, check here		ш	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign g	rants, check here			31a	
32	Total program service expenses (add lines 28a through 31a)		······································		32	0.
32 P a	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er	nployees List each or		see the II	32	0 .
32 Pa	Total program service expenses (add lines 28a through 31a)	nployees List each or	on in this Part IV		32	r Part IV)
32 P a	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp	nployees List each or cond to any question (b) Average hours	on in this Part IV	(d) He	nstructions for alth benefits, abutions to	Part IV) (e) Estimated
32 Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er	nployees List each or cond to any questic (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contr	alth benefits, ibutions to byee benefit	(e) Estimated amount of other
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46-5038550

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EXCELSIOR CLASSICAL ACADEMY -

A CHALLENGE FOUNDATION ACADEMY 46-5038550 INC Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V Yes Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O X 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) X 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O N/ 35b c 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 requirements during the year? If "Yes," complete Schedule C. Part III X 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes." complete applicable parts of Schedule N Х 36 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions X b Did the organization file Form 1120-POL for this year? <u>3</u>7b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? X 38a N/A b If "Yes," complete Schedule L. Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 39a N/A b Gross receipts, included on line 9, for public use of club facilities 39b 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: **0** • ; section 4912 ▶ _ **0** • ; section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) 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 of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I X 40b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 0. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed **NONE** 42 a The organization's books are in care of ► KATHY RENNIE Telephone no. \triangleright 828-447-0025 Located at ▶ 1213 CAROLINA AVENUE, DURHAM, ZIP+4 ► 27705 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b X If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A Yes 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a 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 c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation ın Schedule O 44d

45a

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

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Form	990-EZ (2012) A CHALLENGE FOUNDATION ACA	DEMY,	INC		<u>46-5038</u> !	550	_	Page 4
					" . [Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities	s on behalt of	or in opposition	to candidates for pu	plic office.	46	, -	X
Pa	If 'Yes,' complete Schedule C, Part I rt VI Section 501(c)(3) organizations only			<u> </u>		40	<u> </u>	
<u> </u>	All section 501(c)(3) organizations must answer questions 47-4	19h and 52	and complete	the tables for lines	50 and 51			
	Check if the organization used Schedule O to respond to any			and tables for miss				Γ
							Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) elect	ion in effect d	uring the tax yes	ar? If "Yes," complete	Sch. C, Part II	47		X
48	Is the organization a school as described in section $170(b)(1)(A)(ii)$? If "Yes," co							
49 a	Did the organization make any transfers to an exempt non-charitable related organization?							X_
b	b If "Yes," was the related organization a section 527 organization?						L	L
50	Complete this table for the organization's five highest compensated employees	-	ficers, directors	, trustees and key em	iployees) who ea	ch rec	eived n	nore
	than \$100,000 of compensation from the organization. If there is none, enter "N		rage hours	(6) Burneth	(d) Health benefits	Π,	e) Estim	atod
	(a) Name and title of each employee paid more than \$100,000		devoted to	(C) Reportable compensation (Forms	contributions to employee benefit	1 ,,	ount of	
	NONE	ро	sition	W-2/1099-MISC)	plans, and deferred compensation	ı co	mpens	ation
						+		
		<u>.</u>		· -		+		
_						+		
f	Total number of other employees paid over \$100,000							
51	Complete this table for the organization's five highest compensated independent	nt contractors	who each receiv	ved more than \$100,0	000 of compensa	tion fr	om the	
	organization. If there is none, enter "None." NONE		<u>,</u>					
<u>(a</u>	Name and address of each independent contractor paid more than \$100,000		(b) Type o	of service	(c)	Comp	<u>ensatio</u>	<u>n</u>
			-					
		-						
_								
_							·	
			_					
			<u> </u>					
	Total number of other independent contractors each receiving over \$100,000	ations and 40	47(a\(1) papers					
52	Did the organization complete Schedule A? Note : All section 501(c)(3) organize charitable trusts must attach a completed Schedule A	auons and 49	47 (a)(i) nonexe	anhr	⊾ Γ	ΧY	ا وم	□ No
Unde	CHAINDRIE ITUSIS THUSE ALIDICITAL CONTIDITIEUR SCHEUUR AF r penalties of perjury, I declare that I have examined this return, including accompanying schedu ration of preparer (other than officer) is based on all information of which preparer has any know	les and stateme	nts, and to the best	of my knowledge and be	lief, it is true, correc	, and c	omplete	
Sic	The Contract of the Contract o				11/17/	14		

Signature of officer Sign CYNTHIA GADOL,
Type or print name and title DIRECTOR Print/Type preparer's name Preparer's signature Date Check PTIN Paid self- employed Preparer P00117908 DIANE LINFORS **Use Only** Firm's EIN ► 56-1394660 Firm's name ► NELSON & COMPANY (919)490-8585 Firm's address ▶ P.O. BOX 52179 Phone no. DURHAM, NC 27717-

May the IRS discuss this return with the preparer shown above? See instructions

No Form 990-EZ (2012)

► X Yes

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

0040

2012 Open to Public

Inspection

Name of the organization

EXCELSIOR CLASSICAL ACADEMY -

Employer identification number

		A CHALL	ENGE FOUNDAT:	ION A	CADEMY	, INC	!		4	<u>6-5038</u>	<u>550</u>
Part I	Reason	or Public Chari	ty Status (All organiz	ations mus	st complet	e this part.) See insti	ructions.			
The organi	zation is not a	private foundation t	pecause it is: (For lines 1	through 1	1, check o	nly one bo	x.)				
1 🔲			s, or association of churc	_		-					
2 X						· ·	, , , , , , , , , , , , , , , , , , ,				
3	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
•	city, and state	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				J	(~)(-)()(.,v.	oopa.	o mamo,
5	-		benefit of a college or un	iversity ow	ned or on	erated by:	agovernm	ental unit	describe	ed in	
J		(b)(1)(A)(iv). (Comple		iversity ov	inca or op	crated by	a governii	icintai uriit	describe	24 III	
c [•	doooribod		- 470/b\/4	VAV.A				
6 🖳		•	ent or governmental unit					· fue ue Ale e			
<i>'</i> \Box	•	•	eives a substantial part o	or its suppo	ort from a (governmer	itai unit or	from the	generai p	oublic descri	bea in
	-	b)(1)(A)(vi). (Comple	•								
8	-		ection 170(b)(1)(A)(vi).	-	•				_		_
9 📖	-	•	eives [.] (1) more than 33 1					•		-	-
		•	nctions - subject to certai	•						•	
			exable income (less secti	on 511 tax	() from bus	inesses ac	quired by	the organ	ization a	fter June 30	, 1975.
	See section	509(a)(2). (Complete	Part III.)								
10	An organizati	on organized and op	perated exclusively to tes	st for public	safety S	ee sectio	n 509(a)(4	l).			
11 🔲	An organizati	on organized and op	perated exclusively for th	e benefit o	f, to perfo	rm the fun	ctions of,	or to carry	out the	purposes of	one or
	more publicly	supported organiza	itions described in section	on 509(a)(1) or section	n 509(a)(2)	See se o	tion 509(a	a)(3). Ch	eck the box	that
	describes the	type of supporting	organization and comple	te lines 11	e through	11h					
	a Type I	b T ₃	ype II c L Ty	ype III - Fui	nctionally i	ntegrated	c	і ∐ Тур	e III - No	n-functionall	y integrated
e 🔛	By checking	this box, I certify tha	t the organization is not	controlled	directly or	ındırectly	by one or	more disq	ualified p	persons othe	r than
	foundation m	anagers and other th	han one or more publicly	supported	d organizat	tions desci	ribed ın se	ction 509((a)(1) or s	section 509(a	a)(2)
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	t it is a Typ	oe I, Type I	I, or Type	HI			
	supporting or	rganization, check th	nis box					•			
g	Since August	17, 2006, has the o	rganization accepted an	y gift or co	ntribution	from any o	of the follo	wing pers	ons?		
	(i) A person	n who directly or ind	rectly controls, either ald	one or toge	ether with	persons de	escribed in	n (II) and (II	i) below,		Yes No
	the gove	erning body of the su	upported organization?							11g(i)	
	(ii) A family	member of a persor	described in (i) above?							11g(ii)	
	(iii) A 35% c	controlled entity of a	person described in (i) o	r (II) above	?					11g(iii)	
h	• •	-	about the supported org								<u> </u>
		Ü		·	,						
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did voi	ı notıfv the	(vi) Is	the	(vii) Amount	of monetany
` '	inization	(n) Lin	(iii) Type of organization (described on lines 1-9	escribed on lines 1-9 in col. (i) li		organization in col.		organization in col.		(vii) Amount of monetary support	
O. ga			above or IRC section	governing	document?	(i) of your	support?	U.S	.?		port
			(see instructions))	Yes	No	Yes	No	Yes	No	1	
										<u> </u>	
									ŀ		
			1		ŀ						
-											
								†	<u> </u>		
					1						
					<u> </u>	1		 			
T-4-1		I	1	I	1	I	l	I	1	I	

Schedule A (Form 990 or 990 EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or i	f the organization failed to qualify unde	er Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.		·
	AND THE RESERVE THE PROPERTY OF THE PROPERTY O	

<u>Se</u>	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				i		
	or expended on its behalf					;	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				ļ		
4	Total. Add lines 1 through 3						
5	The portion of total contributions		• >	Κ »,	. ,	· ·	
	by each person (other than a	* 2 ^2,1	* \$ * , ,	· i ·	* * * *		
	governmental unit or publicly				2.3 ×	*	
	supported organization) included	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	* , , , , , , , , , , , , , , , , , , ,			* ^ { ,	
	on line 1 that exceeds 2% of the	`\$	11 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	`.`.\\	(A	3 4 9	
	amount shown on line 11,	ž.				,	
	column (f)	, ,	· , • ** · *	* * * * * * * * * * * * * * * * * * * *	***	`*, ;	
6	Public support. Subtract line 5 from line 4	×	, ,	, ,	», *	* *	
	ction B. Total Support						
_	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	(4) 2000	(1) 2000	(0) 2010	(u) 2011	(e) 2012	(I) Total
8	Gross income from interest.						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
40	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)		· · ·				
	Total support. Add lines 7 through 10	*	<u> </u>	2 4,	L	<u>* </u>	
	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for		s tirst, second, thir	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	. —
Se	organization, check this box and stor ction C. Computation of Publi		centage		· · · · · · · · · · · · · · · · · · ·		
	Public support percentage for 2012 (li			olumn (f)			
	Public support percentage for 2012 (iii			Olumin (I))		14	%
			•	Dino 12 and line 1	14 22 1/20/	15	<u>%</u>
100	33 1/3% support test - 2012. If the c stop here. The organization qualifies				14 IS 33 1/3% OF M	ore, check this box	and
			-		l 15 - 00 1 (00)		▶□
•	33 1/3% support test - 2011. If the c				ine 15 is 33 1/3%	or more, check this	S DOX
47	and stop here. The organization qual		• •		.40.4040'		▶∟
176	a 10% -facts-and-circumstances test						
	and if the organization meets the "fac					π IV how the organi	zation
	meets the "facts-and-circumstances"	_			•		. ▶□
	10% -facts-and-circumstances test						0% or
	more, and if the organization meets the						. —
40	organization meets the "facts-and-circ						▶
18	Private foundation. If the organization	n ala not check a l	oox on line 13, 16	a, 166, 1/a, or 17b	, cneck this box a	nd see instructions	

Schedule A (Form 990 or 990 EZ) 2012 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.)

Sec	ction A. Public Support	Jien, piedec cemp					
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and			T			
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,				:		
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-				}		
	iness under section 513						
				 			
4	Tax revenues levied for the organ-		1				j
	ization's benefit and either paid to						
_	or expended on its behalf				 	-	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		1				
	Total. Add lines 1 through 5	_					
7 a	Amounts included on lines 1, 2, and		1				
	3 received from disqualified persons			1	<u> </u>		_
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				1	ĺ	
	amount on line 13 for the year						
-	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		<u> </u>	3			
Sec	ction B. Total Support		_T	,	1	1	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						İ
	dividends, payments received on securities loans, rents, royalties						l
	and income from similar sources						
Ł	Unrelated business taxable income				1		ļ
	(less section 511 taxes) from businesses						1
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,		İ			1	
	whether or not the business is regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)		<u> </u>	<u> </u>	1	1	
13	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here		<u> </u>	<u> </u>			
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2012 (I	ine 8, column (f) d	vided by line 13,	column (f))	-	15	%
	Public support percentage from 2011					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ine 13, column (f))		17	%
18	· · · · · · · · · · · · · · · · · · ·	•	•	. (7)	-	18	%
	a 33 1/3% support tests - 2012. If the			on line 14, and lin	e 15 is more than		
	more than 33 1/3%, check this box ar						▶□
ŀ	33 1/3% support tests - 2011. If the	•	•	•	• • •		and
•	line 18 is not more than 33 1/3%, che						. —
20	Private foundation If the organization		•	•		<u>-</u>	

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

EXCELSIOR CLASSICAL ACADEMY - A CHALLENGE FOUNDATION ACADEMY, INC

Employer identification number

46-5038550 Part ! 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? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, X catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain. X If you need more space, use Part II 3 SCHOOL WILL OPEN AUGUST 2015 () #¹./89 Šŧ Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 40 d Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II SCHOOL WILL OPEN AUGUST 2015 Does the organization discriminate by race in any way with respect to Students' rights or privileges? 5a Admissions policies? 5b c Employment of faculty or administrative staff? 5c Scholarships or other financial assistance? 5d Educational policies? <u>5е</u> Use of facilities? 5f X g Athletic programs? **5**g X h Other extracurricular activities? 5h If you answered "Yes" to any of the above, please explain If you need more space, use Part II. Šŕ 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a X b Has the organization's right to such aid ever been revoked or suspended? 6b If you answered "Yes" to either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of

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

Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Schedule E (Form 990 or 990-EZ) (2012)

EXCELSIOR CLASSICAL ACADEMY CHALLENGE FOUNDATION ACADEMY Schedule E (Form 990 or 990 EZ) (2012) A INC 46-5038550 **Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information. SCHEDULE E, LINE 7 - EXPLANATION OF RACIAL NONDISCRIMINATION COMPLIANCE: SCHOOL WILL OPEN AUGUST 2015

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2012
Open to Public #
Inspection

Name of the organization

EXCELSIOR CLASSICAL ACADEMY - A CHALLENGE FOUNDATION ACADEMY, INC

Employer identification number 46-5038550

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - DEDICATED TO PROVIDING
EXCELLENCE AND EQUITY IN EDUCATION BY DEVELOPING IN EVERY STUDENT A
FOUNDATION OF KNOWLEDGE, A PRACTICE OF REASON, A QUALITY OF ELOQUENCE,
AND A HABIT OF VIRTUE, TO PREPARE EACH STUDENT FOR A LIFETIME OF
LEARNING AND CITIZENSHIP.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.