

Form **990**

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

OMB No. 1545-0047

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **CONCORDIA EDUCATIONAL FOUNDATION INC**
 Doing business as:
 Number and street (or P.O. box, if mail is not delivered to street address): **1601 ST JOE RIVER DRIVE**
 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code:
FORT WAYNE IN 46805

D Employer identification number: **35-6033883**

E Telephone number: **260-483-1702**

G Gross receipts \$: **9,484,526**

F Name and address of principal officer:
MARK ADAIR
1601 ST JOE RIVER DRIVE
FORT WAYNE IN 46805

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See Instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **N/A**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1959**

M State of legal domicile: **IN**

H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	17
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 430,351 Current Year: 523,482
	9	Program service revenue (Part VIII, line 2g)	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	246,119 1,422,731
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	676,470 1,946,213
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	710,674 582,193
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
		b Total fundraising expenses (Part IX, column (D), line 25)	48,361
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	252,180 266,117
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	962,854 848,310
	19 Revenue less expenses. Subtract line 18 from line 12	-286,384 1,097,903	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 20,849,120 End of Year: 21,953,491
	21	Total liabilities (Part X, line 26)	2,697,197 2,703,665
	22	Net assets or fund balances. Subtract line 21 from line 20	18,151,923 19,249,826

Part II Signature Block

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

Sign Here

Signature of officer: **MARK ADAIR** Date: _____
 Type or print name and title: **PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name: **MELISSA J. WOLF, CPA** Preparer's signature: **MELISSA J. WOLF, CPA** Date: **08/23/24** Check if self-employed if PTIN: **P01224592**

Firm's name: **BADEN, GAGE & SCHROEDER, LLC** Firm's EIN: **35-1939627**
 Firm's address: **6920 POINTE INVERNESS WAY #300 FORT WAYNE, IN 46804-7926** Phone no.: **260-422-2551**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

Public Inspection Copy

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 582,193 including grants of \$ 582,193) (Revenue \$)

CONCORDIA EDUCATIONAL FOUNDATION, INC. SHALL EXIST TO PROVIDE FINANCIAL ASSISTANCE FOR QUALIFIED STUDENTS ATTENDING CONCORDIA LUTHERAN HIGH SCHOOL, AND TO PROVIDE FOR THE GENERAL SUPPORT AND EXPANSION OF THE CONCORDIA EDUCATIONAL ASSOCIATION OF FORT WAYNE, INDIANA AND CONCORDIA LUTHERAN HIGH SCHOOL. THE CEF MAY CREATE AND ADMINISTER SPECIAL FUNDS FOR PURPOSES RELATED TO CONCORDIA LUTHERAN HIGH SCHOOL AND ITS STUDENTS AND GRADUATES WHICH SHALL BE ADMINISTERED IN ACCORDANCE WITH SUCH AGREEMENTS AS ARE ENTERED INTO WITH THE DONOR AND ORIGINATOR OF SUCH FUNDS. ALL FINANCIALLY RELATED ACTIVITY OF THE CEF SHALL BE SUBJECT TO THE CURRENT SPENDING POLICIES OF THE CORPORATION.

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

N/A

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

N/A

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

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

4e Total program service expenses 582,193