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Form **990-EZ** 

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

OMB No. 1545-1150 2009

Department of the Treasury Internal Revenue Service

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 donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$50,000 and total assets less than \$1,250,000 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.

Open to Public Inspection

	A I	or the 2009 calendar year, or tax year beginning , 2009, and ending					_			,	20			
	В	Check if ap	plicable	Please	C Name of orga	nızatıon				D Empl	oyer id	entifi	cation nu	ımber
	$\square$	Address c	hange	use IRS label or	Evans Scholar	rs Foundation - Indian	a				3	6 286	65957	
	=	Name cha	-	print or	Number and stre	et (or P.O. box, if mail is n	ot delivered to street add	iress) F	loom/suite	E Telep	hone n	umbe	r	
	=	Initial retur Terminate		type. See	1 Briar Road			-			84	7-72	4-4600	
	=	Amended		Specific Instruc-	City or town, sta	te or country, and ZIP + 4				F Grou	ло Ехе	mptic	on .	
	=	Applicatio		tions.	Golf, IL 60029	9					ber 1	-		3026
	=			omaniz	rations and 494	7(a)(1) nonexempt ch	aritable trusts must a	attach	G Acco	inting Me	ethod:	<b>7</b>	Cash [	Accrual
$\Gamma$		- 0001	1011 001 10)(0)			ile A (Form 990 or 990		2110017	1	(specify)		_	04011	3 / 100/ 002/
	_				· .							Yrnan	ization is	e not
3.5		Vaheit	o. <b>&gt;</b> www	evanss	cholarsfoundat	tion.com 01(c) ( <b>3</b> ) ◀ (insert r			requir	ed to att		_		
. <u>E</u>		Laa-vaa Laa-vaa	mnt status (	check or	nty one) - 12 5	01(c) ( 2 ) <b>4</b> (insert r	no.)	527	990-E	Z, or 99		J. 1001	u	AIII 000,
8	- C	Check >				ection 509(a)(3) support						oro th	20 <b>\$</b> 25 (	000 A
m						ed, but if the organiza							iari peo,	JUU. A
ì						gross receipts; if \$500,00						um.		
Ξ		art I				Changes in Net A					ction	s for	Part I	<del></del>
=		_							1000 110	111300	4	3 101	ı cartı.	·)
<b>၁</b>		1		_	-	similar amounts rec		• •			<del>'</del>			
ی		2	-			ing government fees		• •			2			66407
د.		3		•		ents		• •			3			<del></del>
7016		4	Investmen					1 - 1			<b>4</b> 공목			32
3		5a				ts other than invento	,	5a						
		þ				les expenses		_5b-						
	0	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □								5c			
	Ē	6				pplicable parts of Schedu		m gamıng	j, cneck nere		30			
	Revenue	a	Gross reve	enue (no	ot including \$		of contributions							
	æ		reported o		•			6a			72.7			
		b		•		n fundraising expens		6b						
$\equiv$		С				al events and activition		from lin	e 6a) .   .		6c			
2010		7a	Gross sale	s of inv	entory, less re	turns and allowance	s	7a			فيه بر تخصير			
7		b	Less: cost					7b			سَقَّة نَبُ			
=		С	Gross prof	fit or (lo:	ss) from sales	of inventory (Subtract	ct line 7b from line 7	<sup>7</sup> a) .			7c			
		8	Other reve	nue (de	escribe ►		· <del></del>			)	8			
ממע		9	Total reve	nue. A	dd lines 1, 2, 3	, 4, 5c, 6c, 7c, and 8	3	THE D	<u> </u>	. ▶	9			66439
Ţ		10	Grants and	d sımila	r amounts paid	d (attach schedule) [	RECEIN	ルし	<u>- :                                   </u>		10			
)		11	Benefits pa	aıd to o	r for members		111100	•	- 18F		11			29345
į	es	12				nd employee benefit		2010	. lol .		12			
;	2	13	Profession	al fees	and other payı	ments to independe	trodntragtoks 2 6	5010	·  \frac{12}{22}   ·		13			
:	Expenses	14			utilities, and m		[입···· <u>·</u>		<u>-</u>		14			
)	Ш	15	Printing, p	ublication	ons, postage, a	and shipping	1. DODEN	1-11	T · · 1 ·		15			54610
,		16	Other expe	enses (d	describe 🕨 _		OGDEN	<u>v, c</u>	<u></u>	)	16			
		17				rough 16					17			83955
	93	18				Subtract line 17 from					18			(17516)
	Net Assets	19				beginning of year (					مَّرِينَ عَمَّا مُثَنِّعُ مُثَنِّعُ			
	As		end-of-yea	ar figure	reported on p	prior year's return)					19			73136
	ĕ	20	Other char	nges in	net assets or f	und balances (attacl	n explanation)				20	<u> </u>		
	z	21	Net assets	or fund	d balances at e	end of year. Combine	e lines 18 through 2	0.	<u> </u>	. ▶	21	L		55620
Part II Balance Sheets.					ts. If Total ass	sets on line 25, colur	mn (B) are \$1,250,00	00 or m	ore, file Fo	m 990	instea	ad of	Form 9	990-EZ.
					(See the ins	tructions for Part II.)			(A) Be	ginning of	year		(B) End	of year
	22	2 Ca	sh, savings	, and in	vestments .				. [	7	73136	22		55620
	23											23		
	24					···						24		
	25		tal assets .							7	73136	25		55620
	26	6 To	tal liabilitie						)			26		
	27					27 of column (B) mu	st agree with line 2	1) .		7	73136	27		55620

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2009)



Part III Statement of Program Service Accomplishments (See the instructions for Part III.)									
Wha	What is the organization's primary exempt purpose? Provide College Scholarships (Required for section								
	onbe what was achieved in carry			ses. In a clear a	nd concise		)(3) and 501(c)(4)		
							izations and section		
	manner, describe the services provided, the number of persons benefited, and other relevant information for 4947(a)(1) trusts; optional for differs.)								
20	Support for Evans Scholars Studen	nte		<u>_</u> _					
20									
	(Grants \$	) If this amount	includes foreign grants, ch	eck here	. ▶ ⊔	28a	83955		
29									
						1	•		
			···			ŀ			
			includes foreign grants, ch	eck here	. ▶ 🗆	29a			
30									
						ļ			
	(Grants \$	\ If this amount	includes foreign grants, ch	ock here	. ▶ 🗆	30a			
24	·			CONTICIO	<u>·</u>	000			
31	Other program services (attach so					24.			
20	(Grants \$	I this amount	includes foreign grants, ch	eck nere	. ▶ 📙	31a			
	Total program service expenses					32	tions for Dord D()		
Par	List of Unicers, Directors,	rustees, and Key	Employees. List each one e		(d) Contribution				
	(a) Name and address		(b) Title and average hours per week	(c) Compensation (If not paid,	employee benefit	plans &	(e) Expense account and		
			devoted to position	enter -0)	deferred comper	sation	other allowances		
Don	Johnson		President & CEO						
_1 Bri	ar Road Golf, IL 60029		Freshellt & OLO	0		0	0		
Jame	es Moore		S- Visa Bassidant/Faunda						
1 Bri	ar Road Golf, IL 60029		Sr. Vice-President/Founda	0		0	0		
Jeffr	ey Harrison								
	ar Road Golf, IL 60029		Vice-President Education	o		0	0		
John	Fiv								
	ar Road Golf, IL 60029		Chairman	0		0	o		
	ne Janik		<del></del>	<del> </del>					
	ar Road Golf, IL 60029		Chief Financial Officer	0		0	0		
1 011	ai Road Goil, iL 00025								
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	90-EZ (2009)		F	age 3
Part	V Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	_	1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	17 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	72	<b>✓</b>
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b 36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	المستحد	1	
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a	Aspertant.	<b>✓</b>
	If "Yes," complete Schedule L, Part II and enter the total amount involved	3.4.	· · · · · · · · · · · · · · · · · · ·	1 1 34
39	Section 501(c)(7) organizations. Enter:			2.5
a b	Initiation fees and capital contributions included on line 9	ť	7 5	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶	\$ 1,50 \$		
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 is it aware that it engaged in an excess benefit transaction with a disqualified	( ) in -	37,	لتت
	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	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		,(j2.	, , ,
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		A STATE	1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	- 2	ist in	
е	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	40e	1,7,4	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
41	List the states with which a copy of this return is filed. ▶			
42a		847-72		) 
b	Located at ► 1 Briar Road Golf, IL ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority	600	129	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶	114		z-1 4
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1 \ 1 \		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		✓
43	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		. 1	<b>▶</b> □
			Vec	N <sub>2</sub>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	2.	Yes	No
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		
				<u> </u>

rait Vi	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	17(a)(1) nonexempt of	charitable trusts m	able trusts only. A ust answer questio	II sect ns 46	tion -49t	)		
	id the organization engage in direct or indirect			or in opposition to		Yes	No		
	candidates for public office? If "Yes," complete Schedule C, Part I								
	id the organization engage in lobbying activities				47		<u>√</u>		
	the organization a school as described in section				48		✓		
	id the organization make any transfers to an ex	•	elated organization?		49a 49b		✓		
<b>50</b> C	omplete this table for the organization's five hi	ghest compensated er	mployees (other that	n officers, directors, f	rustee	s and	d key		
er	nployees) who each received more than \$100,	(b) Title and average	rom the organization (c) Compensation			Expen:			
(2	n) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(c) companion	employee benefit plans & deferred compensation	acc	ount a allowa	nd		
NONE									
						<u>-</u>			
					i				
f To	otal number of other employees paid over \$100	000	None	•					
<del></del> -	(a) Name and address of each independent contractor		(b)	Type of service	(c) Con	npensa	tion		
NONE									
				None					
d To	otal number of other independent contractors e	each receiving over \$1	<b>-</b>	None					
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including according of preparer (other than office	empanying schedules and er) is based on all informa	statements, and to the be- tion of which preparer has	any kno	knowk wledge	edge e.		
Sign Here	- Wayner			7-22	ID	·			
	Signature of fifticer  Wayne Janik Chief Financial Officer  Type or print name and title			Date					
Paid	Preparer's signature	Dat	e Check if self- employed ▶	Preparer's identifying mu	nber (Se	e instruc	tions)		
Preparer' Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN ►					
May the	IRS discuss this return with the preparer shown	n above? See instructi	ons	▶ [	Yes		No		
,				Fo	rm <b>99</b>		_		

## **SCHEDULE A** (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.

Department of the Treasury Internal Revenue Service

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

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OMB No. 1545-0047

Name	ame of the organization Employer identification number										
Eva	Evans Scholars Foundation - Indiana 36								2	865957	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t comple	ete this	oart.) Se	e instruc	ctions.
	orga	anization is n	ot a private four	dation because it is:	(For lines	1 throug	h 11, ch	eck only	one box.	)	
1				rches, or association			nbed in s	ection	<i>τ</i> υ(σ)(1)(Α	<b>-</b> ()().	
2				on 170(b)(1)(A)(ii). (At		-		470/-)/	414416.5		
3	님			nospital service organ							
4	Ш	hospital's na	me, city, and st								•••••
5			ion operated for <b>(b)(1)(A)(īv).</b> (Coi	the benefit of a colle mplete Part II.)	ge or univ	versity ov	vned or o	perated	by a gove	emmenta	l unit described in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in secti	ion 170(t	)(1)(A)(v)	١.	
7				/ receives a substantia (1)(A)(vi). (Complete F		its suppo	rt from a	governm	ental uni	t or from	the general public
8				in <b>section 170(b)(1)</b>		omplete	Part II \				
9				receives: (1) more that				n contrib	utions m	emhershi	n fees and aross
9	w.	receipts from support from	n activities relate n gross investm	ed to its exempt function and unre after June 30, 1975.	tions—sul lated bus	bject to d siness tax	ertain ex cable inc	ceptions ome (les	, and (2) s section	no more	than 331/4 % of its
10		An organizat	ion organized a	nd operated exclusive	ely to test	for publ	c safety.	See sec	tion 509(	(a)(4).	
11		purposes of	one or more pul	and operated exclusive objects supported organities the type	nizations	described	d in section	on 509(a)	(1) or sec	ction 509(	a)(2). See section
	$\Box$	a 🗌 Type			Тур						Type III-Other
е		persons other	this box, I cert er than foundatio section 509(a)(2)	orfy that the organization in managers and other .	tion is no r than one	e or more	publicly	supporte	d organiz	y one or cations de	scribed in section
f		If the organi	zation received	a written determinati	on from	the IRS 1	that it is	a Type I	, Type II,	, or Type	III supporting
			, check this box								🗆
g		Since Augus following per		the organization acce	epted any	gift or c	ontributio	n from a	ny of the	•	
		(i) A person	who directly or	r indirectly controls, only body of the supp				h person	s descrit	oed ın (iı)	Yes No 11g(i)
		* *		rson described in (i) a							11g(ii)
				of a person described		(II) above	?				11g(iii)
h		Provide the	following informa	ation about the suppo	orted orga	anization(	s).				
Ø		e of supported panization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(v) Is the organization in col. (i) listed in your governing document?  (v) Did you notify the organization in col. (i) of your support?		ilzation in of your	(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support	
					Yes	No	Yes	No	Yes	No	
	•					_					
		<del></del>			- 1 a	, ,	·	1		ļ -	
Tota	al		,	l	\$ 7.5			, ,	1	l	

	Support Schedule for Org (Complete only if you chec	ganizations laked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	'0(b)(1)(A)(iv) .)	and 170(b)(	1)(A)(vi)
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				-		ļ
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	-					
4	Total. Add lines 1 through 3					ļ	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included						
6	on line 1 that exceeds 2% of the amount shown on line 11, column (f).  Public support. Subtract line 5 from line 4.		, ,		· · · · · · · · · · · · · · · · · · ·		
	tion B. Total Support	1 -	1	L., 1 1	L	1=	
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(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						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .	1 ~.		, , , , , , , , , , , , , , , , , , , ,	· 10 mg		1
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	<u> </u>	nd, third, fourth			on 501(c)(3)
	tion C. Computation of Public Su			4 .1		TaaT	
14	Public support percentage for 2009 (line					14	<u>%</u>
15 16a	Public support percentage from 2008 Schedule A, Part II, line 14						
b	331/3 % support test—2008. If the organic box and stop here. The organization qua	zation did not o	check a box on	line 13 or 16a,			, check this
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "forganization meets the "facts-and-circumstances"	acts-and-circur	nstances" test,	check this box	and stop here	. Explain in Par	t IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstance organization did facts organization did for the organization did for the organization did facts."	facts-and-circun ances" test. The	nstances" test, o organization qu	check this box a alifies as a public	and <b>stop here</b> . cly supported o	. Explain in Part irganization .	: IV how the ► [

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.)

Sec	tion A. Public Support								
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	86822	81249	80735	76072	66407	391285		
3	organization's tax-exempt purpose  Gross receipts from activities that are not an								
•	unrelated trade or business under section 513								
4	Tax revenues levied for the organization'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								
6	Total. Add lines 1 through 5	86822	81249	80735	76072	66407	391285		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0		
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								
С	Add lines 7a and 7b	0	0	0	0	0	0		
8	Public support (Subtract line 7c from line 6.)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		391285		
	Section B. Total Support								
	alendar year (or fiscal year beginning in)	(a) 2005 86822	(b) 2006 81249	(c) 2007 80735	(d) 2008 76072	(e) 2009 66407	(f) Total 391285		
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	191	243	1322	558	32	2346		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
С	Add lines 10a and 10b	191	243	1322	558	32	2346		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						<del> </del>		
13	Total support. (Add lines 9, 10c, 11, and 12.)	87013	81492	82057	76630	66439	393631		
14	organization, check this box and <b>stop here</b>								
Sec	tion C. Computation of Public Su					45	00 4		
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	art III, line 15	ne 13, column		15 16	99 %		
Sec	tion D. Computation of Investmen								
17 10	Investment income percentage for 200 Investment income percentage from 20				olumn (f)) .	18	1 % 1 %		
18 19a	331/3 % support tests—2009. If the organized	anization did n	ot check the h	ox on line 14.	and line 15 is r	<u> </u>			
b	17 is not more than 33\% %, check this b	ox and <b>stop h</b> e	<b>ere.</b> The organi check a box or	ization qualifies n line 14 or line	s as a publicly: 19a, and line 1	supported orga 6 is more than:	inization ► <a>✓</a> <a></a> <a>✓</a> <a>✓</a> <a></a> <a>✓</a> <a></a> <a>✓</a> <a></a> <a>✓</a> <a></a>		
20	line 18 is not more than 33%%, check this <b>Private foundation.</b> If the organization	s box and <b>stop</b> did not check	here. The orga	nization qualifie 14. 19a. or 19b	es as a publicly b, check this b	supported orga ox and see inst	nization ▶ ☐ ructions ▶ ☐		

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Part IV	Supplemental Information. Part II, line 17a or 17b; and	Complete this part to Part III, line 12. Provide	provide the explanations any other additional info	required by Part II, line 10; rmation. See instructions.
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