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Department of the Treasury Internal Revenue Service

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 donor 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 (see instructions)

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

OMB No 1545-1150

2010

Open to Public Inspection

A	For the	2010 calenda	ar year, or tax year beginning January 1 , 2010, and ending	December	r 31 , 20 1	10	
В	Check if ap	oplicable	C Name of organization	Employer id	entification number		
	Address c	change	Evans Scholars Foundation -Purdue	36 2865964			
닏	Name cha	_	Number and street (or P O box, if mail is not delivered to street address) Room/suite	Telephone n	umber		
H	Initial retu		1 Briar Road	84	7-724-4600		
H	Terminate Amended		City or town, state or country, and ZIP + 4	Group Exe	mption		
ă	Applicatio		Golf, IL 60029	Number 1	•		
G	Account	ting Method	✓ Cash Accrual Other (specify) ► H Ch	neck ▶ 🔽	f the organization is	not	
ı	Websit	te:► www.			ach Schedule B	,	
J 1	Гах-ехеп	npt status (che		•	D-EZ, or 990-PF).		
	Check ▶		e organization is not a section 509(a)(3) supporting organization and its gross receipts are nor	mally not me	ore than \$50,000 A	$\overline{}$	
	Form 99	90-EZ or Form	990 return is not required though Form 990-N (e-postcard) may be required (see instruction	ons). But if th	ne organization cho	oses	
			e to file a complete return	,	3		
L	Add lines	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (F	art II,			
			are \$500,000 or more, file Form 990 instead of Form 990-EZ	► s			
E	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the in	structions	for Part L)		
_		Check if	the organization used Schedule O to respond to any question in this Part I .				
	1		ons, gifts, grants, and similar amounts received	. 1			
	2		ervice revenue including government fees and contracts	2			
	3		ip dues and assessments	. 3	80	365	
	4	Investment	•	4		613	
	5a	Gross amo	unt from sale of assets other than inventory 5a				
	Ь		or other basis and sales expenses				
	c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c			
	6	Gaming an			—		
	а	Gross inc					
9			<u> </u>	ļ			
Revenue	ь		me from fundraising/events (not;including \$ of contributions				
ě			aising events reported on line-1)-(attach Schedule G if the				
-			h gross income and contributions exceeds \$15,000) 6b				
	С	Less: direc	t expenses from gaming and juridraising events 6c				
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr	act			
		lino 6o\		. 6d			
	7a	Gross sale	s of inventory-less returns and allowances 7a				
	b		of goods sold				
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c			
	8		nue (describe in Schedule O)	. 8			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	80	978	
	10		I similar amounts paid (list in Schedule O)	10			
	11	Benefits pa	aid to or for members	11	37	7866	
S	12	-	ther compensation, and employee benefits	. 12			
Expenses	13		al fees and other payments to independent contractors	. 13			
ē	. 14		y, rent, utilities, and maintenance	. 14	38	3030	
Ĕ	15		ublications, postage, and shipping	. 15			
	16		enses (describe in Schedule O)	. 16			
	17		enses. Add lines 10 through 16	▶ 17	75	896	
·	10		(deficit) for the year (Subtract line 17 from line 9)	. 18		082	
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree v				
SS			r figure reported on prior year's return)	. 19	73	3767	
ŧ	20	Other char	nges in net assets or fund balances (explain in Schedule O)				
ž	21		or fund balances at end of year. Combine lines 18 through 20	▶ 21	79	879	
			ion Act Notice see the separate instructions		50m 990-E7 //		

SCANNED AUG 2 6 2011

Pa	rt II Balance Sheets. (see the instruction Check if the organization used Schedu		stion in this	Part I			
	Onsok ii tilo organization used ceneda	ic o to respond to driy que.			ginning of year	· 1 ((B) End of year
22	Cash, savings, and investments				73767		78879
23	Land and buildings					23	
24	Other assets (describe in Schedule O) .					24	
25	Total assets				73767	25	78879
26	Total liabilities (describe in Schedule O) .					26	
27	Net assets or fund balances (line 27 of colum				73767	27	78879
Par	t III Statement of Program Service Accor						Expenses
	Check if the organization used Schedu			Part I	ll		ured for section
	t is the organization's primary exempt purpose?)(3) and 501(c)(4) nizations and section
	inbe what was achieved in carrying out the organization ervices provided, the number of persons benefited, and				ier, describe	4947((a)(1) trusts, optional
	ervices provided, the number of persons benefited, and	d other relevant information for e	each progran	n title.		for ot	hers)
28							
	Support for Evans Scholars students	·					
	(Create C						75000
29	(Grants \$) If this amoun	nt includes foreign grants, ch	eck nere .		· P <u> </u>	28a	75896
29							
	(Grants \$) If this amoun	nt includes foreign grants, ch	eck here		•	29a	
30						234	
-							
	(Grants \$) If this amoun	nt includes foreign grants, ch	eck here .		. ▶ □	30a	
31	Other program services (describe in Schedule O			 -			
	(Grants \$) If this amoun	nt includes foreign grants, ch	eck here .		ightharpoons	31a	
32	Total program service expenses (add lines 28a	a through 31a)			▶	32	75896
Par	t IV List of Officers, Directors, Trustees, and K	ey Employees. List each one e	ven if not co	mpensa	ited. (see the	nstruc	tions for Part IV.)
	Check if the organization used Schedu						📋
	(a) Name and address	(b) Title and average hours per week	(c) Comper (If not p	ard,	(d) Contributio employee benefit	plans &	(e) Expense account and
		devoted to position	enter -())	deferred comper	nsation	other allowances
	n Kaczkowski	President & CEO		_		_	
	iar Road Golf, IL 60029	 		0		0	0
	es Moore iar Road Golf, IL 60029	Sr. Vice President					
	rey Harrison			0	- .	0	0
	iar Road Golf, IL 60029	Vice-President Education		0		0	o
	er Mohr				· · · · · · · · · · · · · · · · · · ·		
	iar Road Golf, IL 60029	Chairman		0		0	o
	ne Janik						
	iar Road Golf, IL 60029	CFO		0		0	o
			-			<u>-</u>	_
	***************************************	1					
			<u> </u>		1		
				_			
		1	1				i .
			ļ			_	
						_	

Part				
	Check if the organization used Schedule O to respond to any question in this Part V		 V	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	NO ✓
34	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)	34		✓
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, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
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? .	38a		√
	If "Yes," complete Schedule L, Part II and enter the total amount involved		ļ	į.
39	Section 501(c)(7) organizations. Enter.			
a b	Initiation fees and capital contributions included on line 9	_!		it I
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			ļ.
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	!	j	i
	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	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		4 4	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		1	
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		√
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Located at ▶ ZIP + 4 ▶			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		
	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.	 -		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	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 ▶ 43		_	
			-	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			No
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	44a 44b		1
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	440 44c		✓
	explanation in Schedule O	44d	i i	i

								T es	NO
45	ls any relat	ted organization a controlled en	tity of the organization	within the mean	ning of section	512(b)(13)?	45		/
		janization receive any payment							
		f section 512(b)(13)? If "Yes,"	Form 990 and Schedu	le R may need	I to be compl	eted instead of			
l	Form 990-	EZ (see instructions)					45a		
46	Did the org	ganization engage, directly or in	directly, in political can	ipaign activities	on behalf of	or in opposition			
1	to candida	ates for public office? If "Yes," of	complete Schedule C, F	PartI			46		$\overline{\checkmark}$
Part V	Sect	ion 501(c)(3) organizations	and section 4947(a	(1) nonexem	pt charitable	e trusts only.	All sec	tion	
	501(c)(3) organizations and section	on 4947(a)(1) nonexe	npt charitable	trusts must	answer questi	ons 47	7–49b)
		52, and complete the tables				•			
	Chec	k if the organization used Sch	nedule O to respond to	any question	ın this Part V	Ι			
		·						Yes	No
47	Did the org	ganization engage in lobbying a	ctivities? If "Yes," comp	olete Schedule (C. Part II .		47		-
		nization a school as described in					48		<u> </u>
	_	ganization make any transfers to					49a		Ţ
		as the related organization a se	· ·	•			49b		
		this table for the organization's			(other than of	ficers, directors.		es and	d kev
(employees	s) who each received more than	\$100,000 of compensa	ition from the o	rganization If	there is none, er	nter "N	one."	
		-	(b) Title and a	/erage (c)	Compensation	(d) Contributions to	(e)	Expens	se
	(a) Name and	d address of each employee paid more than \$100,000	hours per w devoted to po			employee benefit plans a deferred compensation		count ar allowar	
			2010.0010 p.		-		1 011101	allowal	1000
					1				
NONE							 		
						·			
	Total numb	per of other employees paid over	er \$100.000			· 	1		
		this table for the organization		rated independ	lont contracto	ra wha aaab rac	sourod.	mara	than
		of compensation from the orga				is will each rec	eivea	поге	man
		me and address of each independent co		 		e of service	(c) Cor	npensa	tion
					(-) //-		(-,		
					-				
NONE					 				
					-				
									
					-				
				-					
					-				
				·- ·- ·-	 				
					-				
	Total access			\$100 000	<u> </u>	None			
		ber of other independent contra				None			
		ganization complete Schedule A					٦.,		
	<u>_</u>	t charitable trusts must attach	 :		· · · ·		_ Yes		NO
Under pe true, corre	enalties of perject, and com-	ury, I declare that I have examined this in plete Declaration of preparer (other than	eturn, including accompanyin i officer) is based on all inform	g schedules and sta ation of which prepa	itements, and to the	he best of my knowle	dge and	d belief,	ıt ıs
	1	A	/			_ _			
		11.	<i>[</i>			8-9-	, ,		
Sign		way your	<u> </u>			<u>_</u>	- (
Here		Signature of office(f)			D	ate			
_	.	Vayne Janik Chief Financial O	fficer						
	<u> </u>	ype or print name and title			1			-	
Paid	Print	Type preparer's name	Preparer's signature		Date	Check [] if	PTIN		
Prepa	arer 📖					self-employed			
Use C	1	s name 🕨			F	rm's EIN ▶			
	Firm'	s address ►	 		Р	hone no			
	a IDS dieci	uss this return with the prepare	chave above? See inc	tructions			7 Vac		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No 1545-0047 2010

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number **Evans Scholars Foundation - Purdue** 36 2865964 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 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). 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. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** ☐ Type II c Type III-Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting . . . \square Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (IV) is the organization (v) Did you notify (vi) is the (vii) Amount of in col (i) listed in your the organization in organization (described on lines 1-9) organization in col support (ı) of your above or IRC section governing document? (i) organized in the support? (see instructions)) No Yes (A) (B) (C) (D) (E)

Total

Part	II Support Schedule for Organiza	itions Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	/i)	_
	(Complete only if you checked th						ialify under	
0 4	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)		_
	on A. Public Support	(=) 000C	(h) 0007	(-) 0000	(n 0000	1 1 2010		_
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	_
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				;			
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							_
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)							
6	Public support. Subtract line 5 from line 4							_
	on B. Total Support							_
	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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							_
12	Gross receipts from related activities, etc.					12		
13 Secti	First five years. If the Form 990 is for the organization, check this box and stop her on C. Computation of Public Support	re	<u></u>	nd, third, fourth	=			
14	Public support percentage for 2010 (line 6			11. column (fl)		14		%
15 16a	Public support percentage from 2009 Sch 331/x3% support test—2010. If the organization	nedule A, Part zation did not	II, line 14 . check the box	on line 13, an		15		%
_	box and stop here. The organization qual			-			. •	
b	331/2% support test—2009. If the organ check this box and stop here. The organi	zation qualifie	es as a publicly	supported org	ganızatıon .		▶	
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization med Part IV how the organization meets the "forganization	ets the "facts-	-and-circumsta	ances" test, ch	eck this box ai	nd stop here.	Explain in	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization m Explain in Part IV how the organization m supported organization	tion meets the eets the "fact	e "facts-and-c ts-and-circums	ircumstances" stances" test. T	test, check th	nis box and s	top here.	
18	Private foundation. If the organization di				 a, or 17b, chec	k this box and	. ► I see	L

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.)

	If the organization fails to qualify	under the tes	ts listed belo	w, please co	mplete Part I	l.)	
	on A. Public Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	46916	69747	88701	84991	80365	370720
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities			Ì			
	furnished in any activity that is related to the organization's tax-exempt purpose			ŀ			
3	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			j	,		
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	46916	69747	88701	84991	80365	370720
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	o	0	o	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 8	Add lines 7a and 7b Public support (Subtract line 7c from	0	0	0	0	0	0
0	line 6.)						370720
Secti	on B. Total Support				sh		
	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	46916	69747	88701	84991	80365	370720
10a	Gross income from interest, dividends,				0.001		
	payments received on securities loans, rents,	338	1182	1022	745	613	3900
	royalties and income from similar sources		ļ				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
-	Add lines 10a and 10b	338	1182	1022	745	613	3900
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
40							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,			_		-	 ,
	and 12)	47254	70929	89723	85736	80978	374620
14	First five years. If the Form 990 is for the	e organization'	's first, second	, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop her						<u>.</u> . ▶ 🖸
	on C. Computation of Public Suppor						
15	Public support percentage for 2010 (line 8		•	3, column (f))		15	99.0 %
16	Public support percentage from 2009 Sch			<u> </u>		16	98.9 %
	on D. Computation of Investment Inc			1		T .= T	
17	Investment income percentage for 2010 (17	1.0 %
18	Investment income percentage from 2009					18	1.1 %
19a	331/3% support tests—2010. If the organi 17 is not more than 331/3%, check this box						
h	33 ¹ / ₃ % support tests—2009. If the organiz					-	
Ь	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization die						

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See	Page 4
	instructions).	
		-
		 -
