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SCANNED SEP 0 5 2012

Form **990-EZ** 

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)

► Sponsonng 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

2011

Open to Public Inspection

Α	For the	2011 calenda	ar year, or tax year beginning	January 1	, 2011,	and ending	Dec	ember :	31 , 20	11	
В	Check if ap	plicable	C Name of organization				D Empl	oyer idei	ntification num	ber	
	Address c	:hange	Evans Scholars Foundation - Purdue				36	2865964			
닏	Name cha	*	Number and street (or P O box, if mail is not de	elivered to street address)		Room/suite	E Telep	hone nur	mber		
Initial return Terminated			1 Briar Road					847	-724-4600		
Ħ	Amended		City or town, state or country, and ZIP + 4				F Grou	ıp Exem	iption		
	Application		Golf, IL 60029			_	Num	ber 🕨	_30	26	
G	Account	ting Method.	✓ Cash	y) ►		Н	Check I	► 🗹 ıf	the organizati	on is <b>not</b>	
1	Websit	e: ► www	evansscholarsfoundation com				required	to atta	ch Schedule E	3	
J 1	Tax-exen	npt status (che	eck only one) - 📝 501(c)(3) 🔲 501(c) (	) ◀ (insert no ) ☐ 4947	(a)(1) or	<u>527</u>	(Form 9	90, 990-	EZ, or 990-PF	7)	
K	K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally										
	not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if										
	the orga	ınızatıon choc	oses to file a return, be sure to file a comple	ete return							
L	Add lines	5b, 6c, and 7	7b, to line 9 to determine gross receipts. If gro	ss receipts are \$200,000 c	r more,	or if total asset	s (Part II,		632	()	
I	ıne 25, c		ow) are \$500,000 or more, file Form 990 instea			•		<b>▶</b> \$		8/_	
E	art I	Revenu	ie, Expenses, and Changes in Ne	et Assets or Fund E	Balanc	es (see the	instruc	ctions	for Part I.)		
		Check If	f the organization used Schedule O t	o respond to any que	estion	in this Part I			<u> </u>	<u> </u>	
	1		ons, gifts, grants, and similar amounts					1			
	2		service revenue including government f					2			
	3	Membersh	nip dues and assessments					3		63235	
	4	Investment	t income					4		52	
	5a	Gross amo	ount from sale of assets other than inve	entory	5a			. : [			
	b		or other basis and sales expenses.		5b						
	C		ss) from sale of assets other than inve	ntory (Subtract line 5b	from I	ıne 5a)		5c			
	6		nd fundraising events					3,78			
a	a		come from gaming (attach Schedul	e G if greater than	1	1		** : .			
Ž					6a	<u></u>					
Revenue	b		ome from fundraising events (not include	-		f contribution	ns				
æ			raising events reported on line 1) (atta		1	ı					
			ch gross income and contributions exc		6b						
	°.		ct expenses from gaming and fundrais		6c	d Chandau	htvoot				
	d		ne or (loss) from gaming and fundrais	=	ba an	a ob ana su	ptract				
	1_	•			 		• •	6d	-		
	7a		es of inventory, less returns and allowa		7a						
	b		of goods sold		7b			7-			
	C	•	fit or (loss) from sales of inventory (Sub					7c			
	8		enue (describe in Schedule O)					8	·	62207	
_	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a					9		63287	
	10		d similar amounts paid (list in Schedule	•				11		25449	
	11			nofito				<del></del>	<u> </u>	23443	
Expenses	12		other compensation, and employee be					12			
eï	13		sional fees and other payments to independent contractors					14		40133	
×	14		cy, rent, utilities, and maintenance .					15		70133	
ш	1 .0		oublications, postage, and shipping .					16			
	16		enses (describe in Schedule O)					17		65582	
_	17		enses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 f					18		(2295)	
şts	18 19		(deficit) for the year (Subtract line 17 f s or fund balances at beginning of ye					10	<del></del>	(223)	
SS	'3		ar figure reported on prior year's return			-		19		78879	
Net Assets	20	•	nges in net assets or fund balances (e.					20	<del></del>		
ž	20		nges in het assets or fund balances (e. s or fund balances at end of year. Com				_	21	<u>-</u>	76584	
<u></u>	21 r Papar		s or rund balances at end of year. Continued the second structure in the second			No 10642I	<u> </u>		Form <b>990-E</b>		
гO	raper	WUIK MEUUCI	don Act Notice, see the separate instruc	,u0113.	∪a1	110 100421				(2011)	

Form:	990-EZ (2011)					Page Z
Pa	t II Balance Sheets. (see the instructions	•				
	Check if the organization used Schedule	O to respond to ar				<u> </u>
				(A) Beginning of year	<del></del>	(B) End of year
22	Cash, savings, and investments			78879	23	76584
23 24	Land and buildings				24	
25	Total assets		· · · · ·  -	78879	-	76584
26	Total liabilities (describe in Schedule O)		-	70075	26	70304
27	Net assets or fund balances (line 27 of column			78879	-	76584
_	t III Statement of Program Service Accom			art III.)		
	Check if the organization used Schedule	•			(Red	Expenses guired for section
Wha	t is the organization's primary exempt purpose?	Provide College Sch	olarships		501(	c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomplis	shments for each of	fits three largest pr	ogram services,		inizations and section 7(a)(1) trusts, optional
as m	neasured by expenses. In a clear and concise m	anner, describe the				others)
<del></del>	ons benefited, and other relevant information for ea	ch program title.				
28			***************************************			
	Support for Evans Scholars Students					
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	▶ ⊔	28a	65582
29						
	(Grants \$ ) If this amount	includes foreign gra	nte check here		29a	
30					234	<u>'                                    </u>
•						İ
	(Grants \$ ) If this amount	includes foreign gra	nts. check here .	▶ □	30a	,
31	Other program services (describe in Schedule O)					<del></del>
		includes foreign gra	nts, check here .	▶ 🗆	31a	n
32	Total program service expenses (add lines 28a t	through 31a)		🕨	32	65582
Par					nstru	ctions for Part IV.)
	Check if the organization used Schedule	O to respond to ar			<del></del>	<u> </u>
		(b) Title and average	(c) Reportable compensation	<ul><li>(d) Health benefits, contributions to employ</li></ul>	ee (e)	Estimated amount of
	(a) Name and address	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	6	other compensation
		,	(if not paid, enter -0-)	deferred compensation	-	
	1 Kaczkowski	President&CEO				•
	iar Road Golf, IL 60029		0		0	0
	es Moore Iar Road Golf, IL 60029	Sr. Vice President	0		0	0
	rey Harrison	N	0		-	
	iar Road Golf, IL 60029	Vice President Education	o		0	0
	es Bunch	Chairman			╁	
	iar Road Golf, IL 60029	Citatinan	o		0	0
	ne Janik	CFO				
	iar Road Golf, IL 60029		o		0	0
	•					
		ļ <u>-</u>			$\perp$	
		-				
					+	
			-		+	·
		-[				
		-			+	
		-[				

Part				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	∨ Yes	
33	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	33	res	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		
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)?			1
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	35a 35b	-	<b>✓</b>
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.	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	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b		<b>✓</b>
ooa	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	13,00	1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	, JOA	y 88.3	<b>₽.</b> 'M
39	Section 501(c)(7) organizations. Enter:	1 . *	٠, ,,	
а	Initiation fees and capital contributions included on line 9		;	\$ ;
b	Gross receipts, included on line 9, for public use of club facilities		3 4	, ,
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	A		14.58
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	40b		· ·
С	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	, , ,		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		3° 1.8°,	
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		224-26	· • • • • • • •	
b	Located at ► 1 Briar Road Golf, IL  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 account)?		-2000 Yes	
	If "Yes," enter the name of the foreign country: ▶	42b	ķ,^	<b>▼</b>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	, ,		1
С	At any time during the calendar year, did the organization maintain an office outside 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		. 1	▶ □
44			Yes	No
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	***	1
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	*	<b>√</b>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<b>√</b>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>✓</b>
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)	45b		

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Daga	- ~

							Yes	3   NO		
	Did the organization engage, directly or									
	to candidates for public office? If "Yes	<del></del>					16	✓		
Part \										
	501(c)(3) organizations and sec			ists must a	ınswer qu	estions	; 47 <del>–</del> 49	9b		
	and 52, and complete the table									
	Check if the organization used S	schedule O to respond	to any question in t	nis Part VI		· · ·	124	<u>. L</u>		
47	Did the avantation appear in labely	a anticiting ou bosses a	anation EO1/h) alaatia	n in offeet	مطاف مستعددات	<b>.</b>	Yes	No		
	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II									
	· · · · · · · · · · · · · · · · · · ·									
	Did the organization make any transfers to an exempt non-charitable related organization?									
	Complete this table for the organization							nd kev		
	employees) who each received more th									
			1	(d) Health		(				
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week	(c) Reportable compensation	contributions			nated amo			
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, comper		other	compensa	ation		
NONE										
	••									
		· · · · · · · · · · · · · · · · · · ·		ļ						
	***************************************			İ						
	T-t-l	<b>A</b> 400.000	h NONE	<u>.                                    </u>						
	Total number of other employees paid									
	Complete this table for the organization \$100,000 of compensation from the organization			contractors	wno eac	n receiv	ed mor	e tnan		
-										
(a) N	Name and address of each independent contractor	paid more than \$100,000	(b) Type of sen	/ice	(c	) Compen	sation			
			1							
NONE										
	••••									
			-							
	••		-							
	Total number of other independent con	tractors each receiving	Over \$100,000	<u> </u>	A)	ONE				
	Did the organization complete Schedul	•	•	and 4947/		OIL				
-	nonexempt charitable trusts must attac			anu 4947 (	3)(1)	► <b>Ø</b> Y	/es □	No		
	enalties of perjury, I declare that I have examined the	<del></del>		ents, and to the	best of my k					
true, corr	rect, and complete Declaration of preparer (other t	han officer) is based on all inf	ormation of which preparer	has any knowle	edge			.,		
	- wune/with			87	7//2	,				
Sign	Signature of officer		Dat	e						
Here	Wayne Janik Chief Financial C	Officer								
	Type or print name and title									
Paid	Print/Type preparer's name	Preparer's signature	Da	ate	Check [		ı <b>N</b>			
Prepa	arer	self-employ			oyed					
Use C	Only Firm's name -	<del></del>			n's EIN ▶					
May th	Firm's address ► ne IRS discuss this return with the prepa	rer shown above? See	instructions	Pho	one no	<b>▶</b> □ 、	/oc	No		
Truy III	o a lo diocaso ano retain wan are prepa	. S. SIISTII ADOVE: OEE				- LI	∕es 📙	INU		

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

### **Public Charity Status and Public Support**

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

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

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). ☐ 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). 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.) 8 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 I, Type II, or Type III supporting 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 (vii) Amount of (vi) Is the the organization in col (i) of your support? organization (described on lines 1-9 in col (i) listed in your organization in col support (i) organized in the US? above or IRC section governing document? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

\* 4

Page 2

Part	(Complete only if you checked the						
	Part III. If the organization fails to						any under
Secti	on A. Public Support	y quamy and			<u> </u>	<u>,</u>	
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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.	N 30, 11		, 1	.3. 43	*	
	on B. Total Support	(a) 2007	<b>(b)</b> 2008	(*) 2000	(d) 2010	(e) 2011	(f) Total
Calen 7	dar year (or fiscal year beginning in)  Amounts from line 4	(a) 2007	( <b>b)</b> 2008	(c) 2009	(a) 2010	(e) 2011	(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 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 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.	•	•		***	12	
13	First five years. If the Form 990 is for the	•			i, or fifth tax yo	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		<u> </u>	<u> </u>		• • • •	<b>►</b> □
	on C. Computation of Public Suppor			d ==1:::== (0)			
14	Public support percentage for 2011 (line		_	1, column (t))		15	<u>%</u>
15 16a	Public support percentage from 2010 Sci 331/3% support test—2011. If the organi						
	box and <b>stop here</b> . The organization qua						. <b>&gt;</b> []
b	331/3% support test-2010. If the organ	nization did no	ot check a box	on line 13 o	r 16a, and line		
17a							
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	ition meets the neets the "fact	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th	nis box and <b>st</b>	op here.
18	Private foundation. If the organization d instructions	id not check a	box on line 13	, 16a, 16b, 17a			

## 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.)

0	and Dublic Comment			, p	····	··/	
	on A. Public Support					( ) 0011	
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
^	received. (Do not include any "unusual grants.")	69747	88701	84991	80365	63235	387039
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
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						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	69747	88701	84991	80365	63235	387039
7a	Amounts included on lines 1, 2, and 3	50, .,	33.3.	0.00.			
	received from disqualified persons .	l ol	o	o	o	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						
_	•	0	0	0	0	0	0
_	Add lines 7a and 7b	U	U STANSON STANSON	TO THE REAL PROPERTY OF THE PERSON OF THE PE			
8							207020
Cooti		\$ 153453 W		F		250 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	387039
	on B. Total Support	(=) 2007	/L\ 2000	(=) 2000	(d) 2010	(a) 2011	(f) Total
9	dar year (or fiscal year beginning in)  Amounts from line 6	(a) 2007 69747	(b) 2008 88701	(c) 2009 84991	(d) 2010 80365	(e) 2011 63235	387039
		03/47	88701	04331	00303	03233	307033
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .	4400	1000	745	613	F 2	3614
L	•	1182	1022	745	613	52	3014
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975	<b> </b>					
	•	4400	4000		240		2044
C	Add lines 10a and 10b	1182	1022	745	613	52	3614
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.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	70929	89723	85736	80978	63287	390653
14	First five years. If the Form 990 is for the	_					
	organization, check this box and stop he			· · · · ·	· · · · ·	· · · · <u>·</u>	· · <b>&gt;</b> []
	on C. Computation of Public Suppo						
15	Public support percentage for 2011 (line		-			15	99.1 %
16	Public support percentage from 2010 Sc			<u></u>	<u></u>	16	99.0 %
	on D. Computation of Investment In					1 .= 1	
17	Investment income percentage for 2011	•		•		17	.9 %
18	Investment income percentage from 201					18	1.0 %
19a	331/3% support tests—2011. If the organ						
	17 is not more than 331/3%, check this box		-				
b	331/3% support tests—2010. If the organization						
	line 18 is not more than 331/3%, check this		-				
20	Drivate foundation If the erganization d	id not aback a	nov on line 14	100 or 10h /	shock this boy	and cap inctril	ctions 🕨 📗

	form 990 or 990-EZ) 2011	Page 4
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	
	instructions).	
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