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2

SEP

Form **990-EZ**

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)

2011

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ 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

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2011 calendar year, or tax year beginning January 1 , 2011, and ending December 31 B Check if applicable C Name of organization D Employer identification number Address chance Evans Scholars Foundation - Colorado 36 2865965 Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return 847-724-4600 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Golf. IL 60029 Number ▶ 3026 Application pending ✓ Cash Accrual G Accounting Method H Check ► ✓ If the organization is not Other (specify) ▶ Website: ▶ www.evansscholarsfoundation.com required to attach Schedule B 527 (Form 990, 990-EZ, or 990-PF) K Check D 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 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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Part I Check if the organization used Schedule O to respond to any question in this Part I . . . 1 2 Program service revenue including government fees and contracts 2 3 3 97273 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . Less direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . 7с c Я 8 97274 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 Benefits paid to or for members 52038 11 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 14 37543 15 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 Total expenses. Add lines 10 through 16 89581 17 17 18 18 7693 Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 60478 19 Net 20 20 Other changes in net assets or fund balances (explain in Schedule O).

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20

Cat No. 106421

21

Form **990-EZ** (2011)

68171

Form 990-EZ	(2011)
Part II	Balance Sheets. (see the instructions for Part II.)

Form 9	990-EZ (2011)			_		Page 2
Pa	rt II Balance Sheets. (see the instructions	,		•		
	Check if the organization used Schedule	O to respond to ar	* 			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			60478	-	68171
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			60478		68171
26		(D)			26	
27	Net assets or fund balances (line 27 of column	<u> </u>		60478	27	68171
Par	Statement of Program Service Accomp	•		•		Expenses
\A/b =	Check if the organization used Schedule	Provide College Sch	 	-aπ III L]		quired for section
	t is the organization's primary exempt purpose?		-			(c)(3) and 501(c)(4) anizations and section
as m	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for each	anner, describe the				7(a)(1) trusts, optional others)
	Support for Evans Scholars Students					
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	▶ □	28a	89581
29						
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	▶ 🗆	29	3
30						
0.4		ıncludes foreign gra	ints, check here .		30	3
31	Other program services (describe in Schedule O)		~ 4.			
32		includes foreign gra	ints, check here .	· · · - P 😓 -	31a 32	
	t IV List of Officers, Directors, Trustees, and Key					
ı aı	Check if the organization used Schedule			•	Sur	ctions for Fart IV.)
	Officer in the organization asea confedure	·	(c) Reportable	(d) Health benefits,	Ť	· · . · · · ·
	(a) Name and address	(b) Title and average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employe benefit plans, and deferred compensation	1) Estimated amount of other compensation
Johr	n Kaczkowski	President&CEO				
1 Br	iar Road Golf, IL 60029		0	(0	0
Jam	es Moore	Sr. Vice President				
	iar Road Golf, IL 60029		0	(0	0
	rey Harrison	Vice President				
	iar Road Golf, IL 60029	Education	0		0	0
	es Bunch	Chairman				_
	iar Road Golf, IL 60029		0	(0	0
	ne Janik	CFO				
1 Br	iar Road Golf, IL 60029		0	<u> </u>	0	0
					+	
		-			- -	
		1				
					1	
		-				
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		<u>1 </u>				
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Part	•			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	,	
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	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		1
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 c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 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 b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37b		✓
b 39 a b 40a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		
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		<u> </u>
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		,	\$. W
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	133		
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	***	3 ° 3 ° 3
41	List the states with which a copy of this return is filed. ▶			
42a		224-26		
	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	60029		
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	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 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 \Delta 43		. I	► □ 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	***	· ✓
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	. 3	▼
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		√
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	20 September 2	√

Part VI

48

50

NONE

NONE

52

Sign

Here

Paid **Preparer**

Use Only

Under penalties of perjury, I declare that I have examined this return, including accompan true, correct, and complete Declaration of preparer (wher than officer) is based on all info

Firm's name

Firm's address ▶

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

Z (2011)						Pa	ge 4
d the organization angego directly or	undiroothu un malitical e		. h . h . l	F	- 1	'es	No.
d the organization engage, directly or candidates for public office? If "Yes,	" complete Schedule (campaign activities on	benair or or in oppos	-	40	<u> </u>	
Section 501(c)(3) organization					46		
501(c)(3) organizations and sec							
and 52, and complete the table			asis must answer qu	aestioi	13 47-	430	
Check if the organization used S			his Part VI				Г
	orreduce of to reciperin	a to any quotatinin			<u></u>	es	No
d the organization engage in lobbying	g activities or have a	section 501(h) electio	on in effect during the	e tax 「		-	
ar? If "Yes," complete Schedule C, P		`		.	47		1
the organization a school as described	I in section 170(b)(1)(A)(ii)? If "Yes," complete	Schedule E	. [48		Ī
d the organization make any transfers	to an exempt non-cha	aritable related organiz	zation?	. [49a		1
Yes," was the related organization a					49b		
emplete this table for the organization	s five highest comper	nsated employees (oth	ner than officers, direc	ctors, tr	ustees	and	ke
ployees) who each received more th	an \$100,000 of compe	nsation from the orga	nızatıon. If there is no	ne, ente	er "No	ne."	
a) Name and address of each employee	(b) Title and average	(c) Reportable	(d) Health benefits, contributions to employee	(e) Est	imated	amour	t of
paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and deferred		r comp		
		(* 5.11.6 ** 2, 1000 *********************************	compensation	ļ			
				 			
				-			
		 	<u> </u>				
		 -					
		 		 			
				i			
otal number of other employees paid	over \$100,000	► NONE	<u> </u>				
omplete this table for the organization		ensated independent	contractors who ead	h rece	ved n	nore '	thar
00,000 of compensation from the or							
ne and address of each independent contractor	paid more than \$100,000	(b) Type of serv	vice (c) Compe	ensation		
· .		(-, -, -, -	``				
•••••							
•							
					-		
							
		·-					
 	***************************************					-	
		1					
		over \$100,000	>	ONE			
otal number of other independent con	tractors each receiving		·				
	•	501(c)(3) organizations	s and 494/(a)(1)				
d the organization complete Schedul	e A? Note : All section			▶ 🗸	Yes	□ N	0
d the organization complete Schedul nexempt charitable trusts must attac tites of perjury, I declare that I have exami	e A? Note : All section in the Action in the Action is return, ingluding accompa	Ile A	ents, and to the best of my				_
d the organization complete Schedulonexempt charitable trusts must attactives of perjury. I declare that I have examiled the	e A? Note : All section in the Action in the Action is return, ingluding accompa	Ile A	ents, and to the best of my				_
otal number of other independent conid the organization complete Schedulonexempt charitable trusts must attactive of perjury. I declare that I have exampled that, and complete Deplaration of preparer wher the	e A? Note : All section in the Action in the Action is return, ingluding accompa	Ile A	ents, and to the best of my				_
d the organization complete Schedul onexempt charitable trusts must attac lities of perjury, I declare that I have examiled th t, and complete Deplaration of preparer wher t	e A? Note : All section in the a completed Schedulis return, including accompanhan officer is based on all info	Ile A	ents, and to the best of my				_
d the organization complete Schedulinexempt charitable trusts must attact ties of perjury. I declare that I have exampled the, and complete Deplaration of preparer (where the Signature of officer Wayne Janik Chief Financial C	e A? Note : All section that a completed Schedulis return, including accompanian efficers is based on all info	Ile A	ents, and to the best of my has any knowledge				_
id the organization complete Schedulonexempt charitable trusts must attactive of perjury. I declare that I have exampled the t, and complete Deplaration of preparer (where the supplemental of the supplement	e A? Note : All section that a completed Schedulis return, including accompanian efficers is based on all info	lle A	ents, and to the best of my has any knowledge	knowledg			_

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2011

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

	is Scholars Founda	tion - Colorado							36 286	55965	
Pa	t I Reason f	or Public Cha	rity Status (All orga	nizations	s must c	omplete	this par	t.) See ii	nstructio	ns.	
1	A church, con	vention of churc	tion because it is: (Fones, or association of	churches	describe		-).		
2 3 4	☐ A hospital or a ☐ A medical resonant hospital's name	a cooperative hose earch organizatione, city, and state	170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc e:	ation desc ction with	ribed in a a hospit	al descrit	oed in se	ction 170		•	
5	section 170(b)(1)(A)(iv). (Complete Part II.)										
6 7	An organization	on that normally	nment or government: receives a substantia (A)(vi). (Complete Par	l part of					nit or from	the general public	
8	☐ A community	trust described i	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	ırt II.)					
9											
10 11	☐ An organization purposes of o	on organized an	operated exclusively d operated exclusive licly supported organ describes the type of	ely for th	e benefit describe	t of, to p	perform to on 509(a	he funct)(1) or se	ions of, o ection 509	(a)(2). See section	
	a 🗍 Type I	b □	Type II c	☐ Type	III-Funct	ionally int	tegrated		d 🗌	Type III-Other	
е		his box, I certify indation manage	that the organization irs and other than one	is not co	ntrolled o	lirectly or	indirectly				
f		ation received a	written determination	on from t	the IRS 1	that it is	a Type	I, Type I	ll, or Typ	e III supporting	
g	Since August following pers		ne organization accep	pted any	gift or co	ontributio	n from a	ny of the	•		
			ndirectly controls, eitlody of the supported of				persons .	described	d ın (ii) an	d Yes No	
		•	on described in (i) abo a person described in						-	11g(ii)	
h			on about the support							[11g(m)]	
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the o	organization sted in your document?	(v) Did y the orgar col (i)	ou notify nization in of your port?	organızat (i) organı	s the tion in col zed in the S ?	(vii) Amount of support	
				Yes	No	Yes	No	Yes	No		
(A)	- ,										
(B)											
(C)											
(D)	·····										
(E)				1 2 1900.00 10				Tongo conso			
Tota	l	· 御 物。	Post	4							

						ve	ISION A, Cycle I
Schedu Part							
	(Complete only if you checked the Part III. If the organization fails to						ality under
Secti	on A. Public Support	y quality unde	i the tests its	ited below, p	ilease compie	ee ran iii.)	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(d) Loor	(8) 2000	(6) 2000	(4) 2010	(6) 2311	(1) / O.ta.
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)	1				1.00	
_	**			2. 3303 3 2. 3399	 	, ,	
Socti	Public support. Subtract line 5 from line 4. ion B. Total Support	%	<u> </u>	L. "	<u> </u>	<u> </u>	
	idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	(a) 2007	(b) 2008	(6) 2009	(0) 2010	(e) 2011	(i) Iolai
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		
12	Gross receipts from related activities, etc	(see instruction	ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	-			-	ear as a sectio	
Sect	ion C. Computation of Public Suppo	rt Percentage	е	•			
14	Public support percentage for 2011 (line	6, column (f) di	vided by line 1	1, column (f))		14	%
15 16a	Public support percentage from 2010 Sc 33 ¹ / ₃ % support test—2011. If the organi	zation did not	check the box	on line 13, an	id line 14 is 33		
	box and stop here. The organization qua			-			
b	331/3% support test—2010. If the organ check this box and stop here. The organ					e 15 is 33¹/3% 	
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "organization	eets the "facts-a facts-and-circu	and-circumsta	inces" test, ch st. The organiz	eck this box a	nd stop here. E as a publicly s	Explain in
b	10%-facts-and-circumstances test -2	010. If the orga	anızatıon did n	ot check a bo	x on line 13, 1	6a, 16b, or 17a	, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	42976	69286	87207	57881	97273	354623
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the					ŀ	
	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			İ			
_	organization without charge	40070	2222	07007			
6 7a	Total. Add lines 1 through 5	42976	69286	87207	57881	97273	354623
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			ا			_
	•	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified						
	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	When the Ballie of	-				
	line 6.)						354623
Secti	on B. Total Support	1000 000			-16	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	42976	69286	87207	57881	97273	354623
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			,			
	royalties and income from similar sources	69	48	3	1	1	122
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	69	48	3	1	1	122
11	Net income from unrelated business	!				ŀ	
	activities not included in line 10b, whether or not the business is regularly carried on			1			
10	· · · · · · · · · · · · · · · · · · ·	<u> </u>					
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.)	43045	69334	87210	57882	97274	354745
14	First five years. If the Form 990 is for t						
	organization, check this box and stop he	-			•		
Secti	on C. Computation of Public Suppo	rt Percentag	e			-	
15	Public support percentage for 2011 (line	8, column (f) dı	vided by line 1	3, column (f))		15	99.97 %
16	Public support percentage from 2010 Sc	hedule A, Part	III, line 15		<u>.</u>	16	99.9 %
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2011	(line 10c, colun	nn (f) divided b	y line 13, colur	nn (f))	17	.03 %
18	Investment income percentage from 201					18	.1 %
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 organi						
	line 18 is not more than 331/3%, check this		_			· ·	_
20	Private foundation If the organization d	uri not check a	DOX OD IIDA 14.	I YAR OF TUD (THECK THIS DOY	and see instru	וו 🖚 פתחוזי