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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2012

OMB No 1545-1150

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, 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

Α -	or the	2012 calendar year, or tax year beginning January 1 , 2012, and ending		21 20 12
_	heck if ap		Decembe	
				entification number
	Address c Name cha	Evalis Scholars i ouridation - indiana		6 2865957
$\overline{}$	nitial retui		elephone n	umber
=	Terminate	a I1 Briar Road	84	7-724-4600
	Amended	City or town, state or country, and ZIP + 4	Group Exe	mption
_		5 001/12 00020 2000	Number	3020
		ring Method. ☐ Cash ☐ Accrual Other (specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	ck 🕨 🗹 i	f the organization is not
1.1	Veb sit	requ	ired to att	ach Schedule B
J T	ax <u>-ex</u> en	npt status (check only one) — 🗸 501(c)(3) 🔲 501(c) () ◀ (insert no) 🗌 4947(a)(1) or 🔲 527 (Form	n 990, 990	D-EZ, or 990-PF)
K	Cheeyk ▶	if the organization is not a section 509(a)(3) supporting organization or a section 527 organization an	d its gros	s receipts are normally
r	ot more	e 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
	_	nization chooses to file a return, be sure to file a complete return		
		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Par	t II,	
lu	ne 💋, c	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	71054
	ert i	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ructions	for Part I)
	3 %	Check if the organization used Schedule O to respond to any question in this Part I.		
į	13	Contributions, gifts, grants, and similar amounts received	. 1	
1	ESSTIEN.	Program service revenue including government fees and contracts	. 2	
	8	Membership dues and assessments	. 3	70934
	4	Investment income	4	120
	5a	Gross amount from sale of assets other than inventory 5a	11/00 CH1	
	b	Less: cost or other basis and sales expenses	2.2	
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	
	6	Gaming and fundraising events	4	
	а	Gross income from gaming (afrach Schedule-G if greater than	7	
Ë		\$15,000) 6a	**************************************	
Revenue	b	Gross income from fundraising events (not including \$ \infty of contributions	***	
æ		from fundraising events reported on line 1) (attach Schedule G if the	-102	
		sum of such gross income and contributions exceeds \$15,000 . 6b		
	С	Less: direct expenses from gaming and jundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	ct i 🦥	
		line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	71054
	10	Grants and similar amounts paid (list in Schedule O)	. 10	
	11	Benefits paid to or for members	. 11	17250
S	12	Salaries, other compensation, and employee benefits	. 12	
Ü	13	Professional fees and other payments to independent contractors	13	
Expenses	14	Occupancy, rent, utilities, and maintenance	. 14	82511
ũ	15	Printing, publications, postage, and shipping	. 15	
	16	Other expenses (describe in Schedule O)	. 16	
	17	Total expenses. Add lines 10 through 16	17	99761
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	(28706)
set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		,
As		end-of-year figure reported on prior year's return)	. 19	71055
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O) .	20	
Z	21	Net assets or fund balances at end of year Combine lines 18 through 20	▶ 21	55201

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2012)

Pa	rt II Balance Sheets (see th	e instructions f	or Part II)				
	Check if the organization	used Schedule	O to respond to ar	ny question in this	Part II		<u></u> . 🗀
					(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			[71055	22	55201
23	Land and buildings					23	
24	Other assets (describe in Sched	•				24	
25	Total assets				71055	25	55201
26	Total liabilities (describe in Sch					26	
_27	Net assets or fund balances (li				71055	27	55201
Par	t III Statement of Program S						Expenses
	Check if the organization				Part III L		quired for section
Wha	t is the organization's primary exer	npt purpose?	Provide College Sch	olarships		1	(c)(3) and 501(c)(4) anizations and section
as m	cribe the organization's program s neasured by expenses. In a clear ons benefited, and other relevant in	and concise mation for ea	anner, describe the ch program title.	e services provide	d, the number of	494	7(a)(1) trusts, optional others)
20	Support for Evans Scholars Studen	ts					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	. ▶ 🔲	28 a	99761
29							
						•	
	(Grants \$			ints, check here .	. ▶ 🗆	2 9a	3
30		_					
			ıncludes foreign gra	ants, check here .		30a	a
31	Other program services (describe	ın Schedule O)					
			includes foreign gra		▶ 🔲	31a	<u> </u>
32	Total program service expenses					32	0070
Par	t IV List of Officers, Directors, T					struc	tions for Part IV)
	Check if the organization	used Schedule	O to respond to ar				<u></u> . 🛚
	(a) Name and title		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-			Estimated amount of other compensation
John	ı Kaczkowski						
Presi	ident & CEO		0		0	0	
Jame	es Moore						
Senio	or Vice President		0		0	0	
Jeffre	ey Harrison						
Vice	President Education		0		0	0	
Jame	es Bunch						
Chair	rman		0		0	0	
Wayr	ne Janik		0			-	
CFO				<u> </u>	0	0	
						_	
					 	-	
	•••••	·					
						_	
	•••••						
				-		\perp	
					<u> </u>	-	
	·····						
					 	+	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	ne .	-3
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
			Yes	No
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		1
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			
35a	change on Schedule O (see instructions)	34	<u> </u>	✓
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
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	35b		
С	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		1
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	1000	***) (0)
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		532	grander - et an et
39	Section 501(c)(7) organizations Enter:			
a b	Initiation fees and capital contributions included on line 9	12 3.		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.		1446	
	section 4911 ▶ ; section 4912 ▶ , section 4955 ▶	3		\$ 1
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	14	ĽŽ.	i, 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	10 800	√
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	7.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	**************************************		
u	reimbursed by the organization	1		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 ▶	400	نـــــا	
42a		224-26	0-376	4
	Located at ▶ 1 Briar Road Golf, IL ZIP + 4 ▶	60029	-2000	
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 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	If "Yes," enter the name of the foreign country: ► 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	-	-	_
			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	,	, ·
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		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	1
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		./

Page	4

								Yes	No
46	Did the organization engage, di	rectly or inc	directly, in political c	ampaign activities o	n behalf of or	ın oppositi	on		
	to candidates for public office?			Part I			46		√
Part '	VI Section 501(c)(3) organ	nizations	only						
	All section 501(c)(3) org	anizations	must answer que	stions 47-49b and	52, and co	mplete the	tables f	or line	es
	50 and 51								
	Check if the organization	used Scho	edule O to respond	to any question in	this Part VI				
								Yes	No
47	Did the organization engage in	lobbying a	ctivities or have a	section 501(h) elect	on in effect of	during the t	tax		
	year? If "Yes," complete Sched						47		1
48	is the organization a school as d	escribed in	section 170(b)(1)(A)(ı	1)? If "Yes " complete	Schedule F			1	1
49a	Did the organization make any t								7
b	If "Yes," was the related organized						49b		 -
50	Complete this table for the organization								d key
50	employees) who each received								
	employees) who each received	THOIR CHAIL		l l l l l l l l l l l l l l l l l l l	(d) Health		, спс	10116.	
	(a) Name and title of each employee	ì	(b) Average hours per week	(c) Reportable compensation	contributions		(e) Estimate	ed amou	unt of
	paid more than \$100,000		devoted to position	(Forms W-2/1099-MISC	benefit plans,		other con	npensat	ion
			<u>` </u>	<u> </u>	" comper	sation			
						- [
NONE									
						1			
							•		
f	Total number of other employee	es paid over	r \$100,000	► NON	IE .				
51	Complete this table for the org			ensated independen	nt contractors	who each	received	more	thar
•	\$100,000 of compensation from	n the organ	zation If there is no	one, enter "None "					
				43.7					
(a)	Name and address of each independent of	contractor paid	more than \$100,000	(b) Type of se	ervice	(c)	Compensati	ion	
									
				1					
NONE									
INCINE				-	1				
								_	
				-					
				[
					,				
					l		<u></u> .		
d	Total number of other independ	lent contrac	tors each receiving	over \$100,000	.▶	NO.	NE		
52	Did the organization complete \$	Schedule A'	? Note: All section 5	01(c)(3) organization	ns and 4947(a)(1)			
	nonexempt charitable trusts mu	ist attach a	completed Schedul	e A	<u> </u>	<u>J</u>	Yes	<u> </u>	No
Under p	penalties of perjury, I declare that I have ex	amined this re	turn, including accompan	ying schedules and stater	nents, and to the	best of my kn	owledge and	belief,	ıt ıs
true, cor	rrect, and complete Declaration of prepar	er (other than	officer) is based on all info	rmation of which prepare	r has any knowle	dge	_		
	, warner					7-31	1-/3		
Sign	Signature of discer				Date				
Here	Wayne Janik Chief Fin	ancial Office	er						
	Type or print name and title	<u> </u>	<u></u>						
	Print/Type preparer's name		Preparer's signature		Date	F-7	PTIN		
Paid				'		Check L	if		
•	parer					_l			
Use (·			ı's EIN ▶			
Maria	Firm's address >	o properties	shown should Car	upotru ot : = = =	Pho	ne no		 _	
iviay tr	he IRS discuss this return with th	e preparer	snown above? See I	INSTRUCTIONS		,	► 📙 Yes	s∐l	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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.

Open to Public

Name	of the organization						E	Employer id	lentification	number		
	Scholars Foundat								36 280			
Par			rity Status (All orga						nstructio	ns.		
1 2 3 4	A church, condition A school description A hospital or a A medical research	vention of church ribed in section cooperative hos	tion because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches ch Schedi ation desc	s describe ule E.) cribed in s	ed in sec section 1	tion 170(170(b)(1)((b)(1)(A)(i A)(iii).		(iii). Ente	r the	
5	☐ An organization	on operated for the state of th	the benefit of a colle	ge or uni	versity o	wned or	operated	by a go	vernment	al unit d	escrib	ed in
6 7	=,,,											
8			n section 170(b)(1)(A)		-							
9	receipts from support from	activities related gross investme	receives: (1) more that to its exempt funct income and unrelated June 30, 1975. Se	ions-sul lated bus	bject to d siness tax	ertain ex kable inc	ceptions	s, and (2) ss section	no more	than 33	31/3%	of its
10 11 e	= 3, , , , , , , , , , , , , , , , , , ,											
f	or section 509 If the organiza	(a)(2) ation received a	a written determination				_					
g			 he organization acce	 pted any	gift or co	ontributio	n from a	ny of the			•	
	(i) A person v (III) below,	who directly or in the governing bo	ndirectly controls, eithody of the supported	organızat		her with	persons 	described	d ın (II) ar	11g(ı)	_	No
		-	on described in (i) abo a person described ir		 above?					11g(ii 11g(iii	_	
h		•	on about the support			• •		•		119(111	1	
(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 c	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S?	(vii) Amou st	nt of mo	onetary
				Yes	No	Yes	No	Yes	No	<u> </u>		
(A)												
(B)												
(C)												
(D)												
(E)												
Tota	I				- A.	¥			- 43			

	(Complete only if you checked to Part III. If the organization fails to						alify under	
Secti	on A. Public Support	o quality arial	or the tests he	ned belevi, p	icase compre	ito i dit iii.j		_
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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.		Mar Alia en .		ほど離れしたく	7. In 1 lane 3		
	on B. Total Support	T						
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
7 8	Amounts from line 4							
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		,	, , ,	* 4			_
12	Gross receipts from related activities, etc	. (see instructi	ons) .			12		
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)	_
	organization, check this box and stop he						<u> ▶</u>	
	on C. Computation of Public Suppo							
14	Public support percentage for 2012 (line		=			14	···	%
15	Public support percentage from 2011 Sc					15		%
16a	331/3% support test—2012. If the organi box and stop here. The organization qua						1eck this	
b	331/3% support test—2011. If the organization qua		*	_			0r moro	ш
D	check this box and stop here. The organ						or more, ►	
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "organization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd <mark>stop here.</mark> E	xplaın ın	
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organizat Explain in Part IV how the organization in supported organization.	ition meets the	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th	ns box and sto	op here	
18	supported organization	id not check a		 , 16a, 16b, 17a 	a, or 17b, chec	k 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.)

<u> </u>	A Data Congarination ratio quality	ander and tec	, , , , , , , , , , , , , , , , , , ,	m, piodoc oc	inpictor are i	,	
	on A. Public Support	. 					
_	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")	76072	66407	119254	141664	70934	474331
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	76072	66407	119254	141664	70934	474331
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
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						
_	·						
_	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6)				L.		474331
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	76072	66407	119254	141664	70934	474331
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	550	22	10	21	120	749
l.	·	558	32	18		120	
b	Unrelated business taxable income (less		·				
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	558	32	18	21	120	749
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on		i				
12	Other income. Do not include gain or						
12	loss from the sale of capital assets					ľ	
	(Explain in Part IV.)						
	• •						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	76630	66439	119272	141685	71054	475080
14	First five years. If the Form 990 is for the	he organization	i's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectioi	า 501(c)(3)
	organization, check this box and stop he	ere					· · - 🗆
Secti	on C. Computation of Public Suppo	rt Percentag	е				
15	Public support percentage for 2012 (line	8, column (f) di	vided by line 1	3, column (f))		15	99.8 %
16	Public support percentage from 2011 Sc		-			16	99.6 %
	on D. Computation of Investment In					1 1	
17	Investment income percentage for 2012			v line 13 colu	mn (fl)	17	.2 %
				-	\'///	18	
18	Investment income percentage from 201				 nd line 15 is		.4 %
19a	331/3% support tests—2012. If the organ						
	17 is not more than 331/3%, check this box		-				
b	331/3% support tests - 2011. If the organi						
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	ızatıon qualıfıes	as a publicly s	upported organ	ization 🕨 🔲
20	Private foundation If the organization d	id not check a	hay an line 14	100 or 10h	shock this boy	and see instru	ctions -

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).	
·		
· 		