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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150 2012

Department of the Treasury

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

int	emai neve	► The organization may have to use a copy of this return to satisfy state reporting requirem	ents.				
A	For the	2012 calendar year, or tax year beginning January 1 , 2012, and ending	Decembe	r 31 , 20 12			
В	Check if ar	oplicable C Name of organization D	D Employer identification num				
	Address o	change Evans Scholars Foundation - Purdue	3	16 2865964			
	Name cha	Number and street (or P O box, if mail is not delivered to street address) Room/suite E	Telephone r				
닏	Initial retu	11 Briar Road	84	847-724-4600			
누	Terminate	City or town, state or country, and ZIP + 4	Group Exe				
\$	Amended	on pending Golf, IL 60029-2000	Number	•			
崇	}			if the organization is not			
				tach Schedule B			
			•-	0-EZ, or 990-PF).			
_	Check >		and its ares	s receipts are normally			
	•	e than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be					
	•	anization chooses to file a return, be sure to file a complete return	•	,			
L	Add lines	s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (P	art II,				
<u>بر</u>	ne 25, c	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ 9	48576			
9	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	structions				
		Check if the organization used Schedule O to respond to any question in this Part I.					
EN	<u> </u>	Contributions, gifts, grants, and similar amounts received	. 1	` : · · · · · · · · · · · · · · · · · · 			
Ì	2	Program service revenue including government fees and contracts	2	<u> </u>			
	3		3	40.400			
\mathfrak{S}	4	Membership dues and assessments	. 4	48493			
2013	l _	Investment income	- ×	83			
1 2	5a	Gross amount from sale of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. <u>5c</u>				
500	6	Gaming and fundraising events RECEIVED					
	, a	Gross income from gaming lattach schedule G if Coleater than					
Ì		\$15,000) · · · · \(\sigma_2 \) 6a 6a	\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
9	} b	Gross income from fundral ship events including \$\lor{\phi}\rightarrow \qquad of contributions					
30 0	:	from fundraising events reported on line 1) (attach Schedule G if the	72				
Revenue		sum of such gross income and contributions exceeds \$15,000) 6b	ŝ				
2	С	Less: direct expenses from gaming and illindra sing events 6c					
Ð	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act 🎉				
		line 6c)	· 6d				
	7a	Gross sales of inventory, less returns and allowances	1				
	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	48576			
	10	Grants and similar amounts paid (list in Schedule O)	. 10				
	11	Benefits paid to or for members	11	22244			
ď		Salaries, other compensation, and employee benefits	. 12				
Fynenses	13	Professional fees and other payments to independent contractors	. 13				
ğ	14	Occupancy, rent, utilities, and maintenance	14	36463			
Ž	15	Printing, publications, postage, and shipping	. 15	30403			
	16	Other expenses (describe in Schedule O)	. 16	 			
	17						
	40	Total expenses. Add lines 10 through 16	. 18	58707			
ţ	18			(10131)			
ď	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree wand of year figure reported on prior year's return)	-				
Not Accete		end-of-year figure reported on prior year's return)	19	76584			
ğ	20	Other changes in net assets or fund balances (explain in Schedule O)	20	<u> </u>			
_	· 21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	66453			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642i

Form 990-EZ (2012)

Pa	t II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II		📮
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[76584	22	66453
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			76584	25	66453
26					26	
27	Net assets or fund balances (line 27 of column			76584	27	66453
Par		•		•		Expenses
	Check if the organization used Schedule			Part III		quired for section
	t is the organization's primary exempt purpose?					(c)(3) and 501(c)(4) Inizations and section
as m	ribe the organization's program service accomplinesured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe the			494	7(a)(1) trusts, optional others)
28					├	
20	Compart for France Calculus Students				l	
	Support for Evans Scholars Students					
	(Grants \$) If this amount	t includes foreign ar	nte chock here	N [28a	50707
29	<u> </u>				208	58707
20						İ
		***************************************		***************************************		1
	(Grants \$) If this amount	t includes foreign ara	ants, check here	•	29a	. [
30						
	(Grants \$) If this amount	t includes foreign gra	ants, check here	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					1
	(Grants \$) If this amount	t includes foreign gra	ants, check here .	▶ □	31a	i)
	Total program service expenses (add lines 28a	through 31a) .	_ <u></u> .	•	32	58707
Par					struc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a			<u>.,.</u>	<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	Kaczkowski					
Presi	dent & CEO	0	<u> </u>	<u> </u>	0	0
Jame	s Moore	-		1	- }	
Senio	or Vice President	0		0	0	0
Jeffre	ey Harrison	_			-	
Vice	President Education	0)	0	0
	s Bunch	-				
Chair		0		0	0	0
	ne Janik	- o	[
<u>CFO</u>		 		<u> </u>	0	0
	***************************************	-			ľ	
						
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•		-	(-	

Part	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	mistractions for Fair V) Officer if the organization used schedule of to respond to any question in this	rait	v 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	103	√
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)?	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		
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		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	77.0		
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	Acab		
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	e isas	2 44,70%
ъ 39	If "Yes," complete Schedule L, Part II and enter the total amount involved		2	4
a	Initiation fees and capital contributions included on line 9			**
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			# ko
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	2.3	
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	700		∨ ∂.32 3
-	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	,	1	
e	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		
h	Located at ► 1 Briar Road Golf, IL ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	60029		
þ	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: ▶	420		· ", ")
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		•	, •;
C	At any time during the calendar year, did the organization maintain an office outside the US? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	-
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	Yes	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	44b		Į.
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
45	explanation in Schedule O	44d		
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		_
430	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		,
		1430		

								Yes	No
46	Did the organization er	ngage, directly or in	directly, in political o	ampaign activities o	n behalf of o	r ın opposi	tion		
	to candidates for public			, Parti	· · · ·		. 46	<u> </u>	✓
Part \	All costion 501(c)(3) organizations	s only	otiono 47 40h and	FO and a		- 4-6-1	£ 1! -	
	50 and 51	c)(s) organization:	s must answer que	estions 47–49b and	52, and co	impiete tr	e tables	tor iin	es
		anization upod Cak	nedule O to respond	l to only avantion in	Abia Dant VI				
	Check ii the orga	ariizatiori used Sci	reduie O to respond	to any question in	this Part VI		· · ·	·	<u>- L</u>
47	Did the organization e	nagge in Johnving	activities or have a	costion EO1/b) closti	on in offeet	during the	tov [Yes	No
7,	year? If "Yes," complet	rigage in lobbyling te Schedule C. Part				_	1	.	١,
	Is the organization a sch	•					. 47	_	 ✓
	Did the organization ma						. 48		
чэа b	If "Yes," was the relate	d ergenization a co	otion 527 organization	intable related organ	ization?		. 49	_	
50	Complete this table for	the organization's	five highest compen	ested employees (of	har than offi	ore direc			l ko
00	employees) who each r	received more than	\$100,000 of comper	nsation from the orga	nization If t	here is non	e enter"	'None'	"
				1	(d) Health			140110.	
	(a) Name and title of each		(b) Average hours per week	(c) Reportable compensation	contributions	to employee	(e) Estima		
	paid more than \$100	0,000	devoted to position	(Forms W-2/1099-MISC	benefit plans, compe		other co	ompensa	tion
						-			
NONE			······				····		
MONE.									
			******	-	+				
f	Total number of other e	emplovees paid ove	er \$100.000	. NON			L		
	Complete this table for					s who eacl	receive	d more	e than
	\$100,000 of compense	ation from the orgai	nization If there is no	one, enter "None."					
(a) N	lame and address of each ind	anandant contractor nav	d more than \$100,000	(b) Type of ser					
	and and address of cash ma			(b) Type of ser	vice	,,) Compensa	MOH	
NONE									
	·			_					
	Total number of other in				>		ONE		
	Did the organization co				s and 4947(a	a)(1)			
	nonexempt charitable t	rusts must attach a	completed Schedul	eA			► ✓ Ye	:s 🔲	No
Under pe	nalties of perjury, I declare tha	at I have examined this re	eturn, including accompan	ying schedules and statem	ents, and to the	best of my k	nowledge ar	nd belief.	, it is
true, corre	ect, and complete Declaration	n of prepares (other than	officer) is based on all info	rmation of which preparer	has any knowle	dge			
O:) WC	yu funi	- <u></u>				31-13		
Sign	Signature of office	V			Dat	е			
Here		Chief Financial Offic	er						
	Type or print name	e and title		_					
Paid	Print/Type preparer's	name	Preparer's signature	D	ate	Check			
Prepa	rer					self-emplo	yed		
Use C	1 = -				Firr	n's EIN ▶			
	Firm's address ▶				Pho	one no	. =		
May the	e IRS discuss this returi	n with the preparer	shown above? See	instructions .			► ∏ Ye	s 🗍	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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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.) 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 **d** Type III-Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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 П 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(m) Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported (ii) EIN (iv) Is the organization (v) Did you notify (vii) Amount of monetary (vi) Is the (described on lines 1-9 in col (i) listed in your the organization in col (i) of your support? organization organization in col support governing document? above or IRC section (i) organized in the U.S.? (see instructions)) Yes No Yes Yes No (A) (B) (C) (D) (E)

Total

Part		ations Descr	ribed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	i)
	(Complete only if you checked the Part III. If the organization fails to	he box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	alify under
Secti	on A. Public Support	J quality und	er the tests in	sted below, p	lease comple	ete Part III.)	
	idar 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.")	(3) 2000	(2) 2000	(6) 2010	(4) 2011	(6) 2012	(i) Total
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.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	James 40: 14	\$100 End		美 人名勒 为美国	J
	on B. Total Support	(-) 2002	41.0000	1 1 2010	1 1 0 0044	()00(0	
Calen	idar year (or fiscal year beginning in) Amounts from line 4	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) 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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	ere				ear as a sectio	
	on C. Computation of Public Suppor						
14	Public support percentage for 2012 (line 6					14	<u>%</u>
15 16a	Public support percentage from 2011 Sch 331/a% support test—2012. If the organization qua	ization did not	check the box		d line 14 is 331		
b	box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization".	ets the "facts-	and-circumsta	inces" test, che	eck this box ar	nd stop here. E	line 14 ıs Explaın ın
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization of Explain in Part IV how the organization of supported organization	tion meets the	e "facts-and-c	rcumstances"	test, check th	nis box and st	, and line op here.

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	Section 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			(-,	(-/ _,- : :	37 =		
	received. (Do not include any "unusual grants.")	88701	84991	80365	63235	48493	365785	
2	Gross receipts from admissions, merchandise	30701	04331	00303	03233	40433	303763	
	sold or services performed, or facilities	ļ				ļ		
	furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
3	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	88701	84991	80365	63235	48493	365785	
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	1						
	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	\$ 10 kg		* * * * * * * * * * * * * * * * * * *	1			
	line 6.)		· \$ 8.4 (C)	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	. is a	365785	
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	88701	84991	80365	63235	48493	365785	
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
	royalties and income from similar sources	1022	745	613	52	83	2515	
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b	1022	745	613	52	83	2515	
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							
	loss from the sale of capital assets	([Į				
	(Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12)	89723	85736	80978	63287	48576	368300	
14	First five years. If the Form 990 is for the				-		n 501(c)(3)	
	organization, check this box and stop he			<u>.</u> .	· · · <u>·</u>		<u> </u>	
$\overline{}$	on C. Computation of Public Suppo					- ,		
15	Public support percentage for 2012 (line		•	,,		15	993%	
16	Public support percentage from 2011 Sc			<u> </u>	<u> </u>	16	99.1 %	
	on D. Computation of Investment In							
17	Investment income percentage for 2012				nn (f))	17	7 %	
18	Investment income percentage from 201					18	9 %	
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 organiz							
	line 18 is not more than 331/3%, check this		_	•		• •		
20	Private foundation. If the organization d	id not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instru	ctions 🕨 🗍	

Schedule A (F	Schedule A (Form 990 or 990-EZ) 2012					
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).	<u> </u>				
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