

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# 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 private foundations)

2013

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. A For the 2013 calendar year, or tax year beginning January 1 , 2013, and ending December 31 . 20 B Check if applicable C Name of organization D Employer identification number Address change Evans Scholars Foundation - Indiana 36 2865957 Number and street (or P O box, if mail is not delivered to street address) Room/suite Name change E Telephone number Initial return 847-724-4600 Terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Golf, IL 60029-2000 Number ▶ Application pending 3026 Accrual Other (specify) ▶ H Check ► ✓ if the organization is not Website: ▶ www.wgaesf.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — 7 501(c)(3) 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 K Form of organization: Corporation ✓ Trust Association Other 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, 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. Contributions, gifts, grants, and similar amounts received . . . . . 1 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments . . . . . 155934 4 4 73 5a Gross amount from sale of assets other than inventory 5a 5b b Less: cost or other basis and sales expenses . . . . . . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than SCANNED . . . . . . . . . . . . . . . . . . . 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) . . . 6b Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 7a Gross sales of inventory, less returns and allowances 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schedule O) . . . 8 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 156007 10 Grants and similar amounts paid (list in Schedule O) 10 Benefits paid to or for members . . . . . . 11 11 69857 Salaries, other compensation, and employee benefits 12 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance . 14 90944 15 Printing, publications, postage, and shipping . . . 15 16 16 Other expenses (describe in Schedule O) . . . . 17 Total expenses. Add lines 10 through 16. 17 160801 Excess or (deficit) for the year (Subtract line 17 from line 9) . 18 18 (4794)Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 34 19 55201 Net 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 Net assets or fund balances at end of year Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2013)



Pa	rt II Balance Sheets (see the instructions	for Part II)				-
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗀
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			55201	22	5040
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			55201	25	5040
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			55201	27	5040
Par	Statement of Program Service Accom					Expenses
<del></del> -	Check if the organization used Schedule	e O to respond to a	ny question in this	Part III	(Red	quired for section
Wha	t is the organization's primary exempt purpose?					(c)(3) and 501(c)(4) anizations and section
as n	cribe the organization's program service accompleneasured by expenses. In a clear and concise nons benefited, and other relevant information for each	nanner, describe the			494	7(a)(1) trusts, optional others)
28						
	Support for Evans Scholars Students					
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ 🗌	28a	16080
29						
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ 🗆	29a	1
30					İ	
			·			
	70					
0.4	(Grants \$ ) If this amount				30a	<u> </u>
31	Other program services (describe in Schedule O)					1
22	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	<u> </u>	31a	
	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Ke	unougnora)			32	
rai	Check if the organization used Schedule				nstrue	ctions for Part IV)
	Office if the organization used ochedule		(c) Reportable	(d) Health benefits,	÷	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISO (if not paid, enter -0-	contributions to employ benefit plans, and	0	Estimated amount of other compensation
John	Kaczkowski	_	İ			
Pres	ident & CEO	0		0	0	0
	ey Harrison	_				
	or Vice President, Education	0	· ···-	0	0	0
	n Shell	-				
	ctor, Education	0		0	0	0
	nis O'Keefe	4_				
	man	0		0	0	0
	e Brueggeman	1		_		_
<u>CFO</u>		0		0	0	0
		-				
			<del>-</del>		+	<del></del>
		-				
	· · · · · · · · · · · · · · · · · · ·				+	
		-				
		<del> </del>			$\dashv$	
		1				
						<del></del>
		<u></u>				
	***************************************					
		i .	i e			

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	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		✓
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			
05-	change on Schedule O (see instructions)	34	ļ	✓
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		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	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		
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	187	<b>\$17%</b>	
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 <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		<u> </u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	11.3		1
39	Section 501(c)(7) organizations. Enter:		15	
a	Initiation fees and capital contributions included on line 9			a.
b 40a	Gross receipts, included on line 9, for public use of club facilities	-	7	
400	section 4911 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		730	
	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	404		,
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	40b	SMA	<b>/</b>
J	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	44		
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	<b>/</b>
41	List the states with which a copy of this return is filed ▶			
42a	***************************************	224-26	0-3754	1
_	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		
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)?	Γ <u>.</u>	Yes	No
	If "Yes," enter the name of the foreign country:	42b	5.883	<b>√</b>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		10 % d	
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<b>√</b>
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		. •	<b></b>
	TO		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		<u> </u>
	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	÷,Æ	j
С	Did the organization receive any payments for indoor tanning services during the year?	44c		7
	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	111	40%
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		1

01111 0	90-EZ (2013)					Т	Yes	age 4	
46	Did the organization engage, directly or	indirectly, in political of	ampaign activities on	behalf of or in opp	osition [7	- ~š	res	110	
	to candidates for public office? If "Yes,"	complete Schedule C	, Part I			46		1	
Part			<u> </u>						
	All section 501(c)(3) organization	ns must answer que	stions 47-49b and	52, and complete	the table	es fo	r line	S	
	50 and 51.	-ldl							
	Check if the organization used S	chedule O to respond	to any question in t	his Part VI	<u> </u>	· ·	 Yes	<u> </u>	
47	Did the organization engage in lobbyin year? If "Yes," complete Schedule C, Pa		section 501(h) electio			47	res	No ./	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
49a									
b	If "Yes," was the related organization a					49b			
50	Complete this table for the organization employees) who each received more that	's five highest comper	sated employees (oth	ner than officers, dir	ectors, tr	ustee	s and	l ke	
	employees) who each received more that	1	<del>                                     </del>	(d) Health benefits,	ione, ente	er NC	one.		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and defer compensation					
NONE									
			-						
f	Total number of other employees paid of		<u> </u>	<u> </u>				—	
51	Complete this table for the organizatio \$100,000 of compensation from the organization	n's five highest compo	ensated independent	contractors who e	ach recei	ved r	nore	thar	
	(a) Name and business address of each indepe	ndent contractor	(b) Type of serv	rice	(c) Compensation				
NONE						_			
					··				
					_			-	
			1	ı					

<b>d</b> Total	number of other independent con	over \$100,000 ▶	NONE					
	Did the organization complete Schedule A? <b>Note</b> . All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A							
	of perjury, I declare that I have examined the domplete. Declaration of preparer (other t							
Sign	Signature of officer		Date					
Here	Steve Brueggeman Chief Financial Officer Type or print name and title							
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN self-employed				
Use Only	Firm's name ▶	Firm's EiN ▶						
	Firm's address ▶			Phone no				
May the IRS	ay the IRS discuss this return with the preparer shown above? See instructions							

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

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

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

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization							Employer id	dentification	number		
	Scholars Foundat								36 286			
Par			rity Status (All orga						nstruction	<u>15.</u>		
1 2 3 4	A church, con A school desc A hospital or a A medical rese	vention of churc ribed in section a cooperative ho	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjun-	churches ch Sched ation desc	s describe ule E ) cribed in	ed in sec section	tion 170	(b)(1)(A)(i (A)(iii).		i <b>i).</b> Ente	r the	
5	An organization	-	the benefit of a colle	ge or uni	versity o	wned or	operated	I by a go	vernmenta	ıl unit d	escribe	ed in
6 7												
8	☐ A community	trust described i	n <b>section 170(b)(1)(A</b>	<b>)(vi).</b> (Cor	nplete Pa	art II.)						
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre lifter June 30, 1975. Se	ions-sul lated bus	bject to o siness ta	certain e xable ind	xceptions come (les	s, and (2) ss sectio	no more	than 33	31/3% c	of its
	An organization purposes of constant 509(a)(3). Che	on organized ar one or more pub eck the box that	I operated exclusively of operated exclusive oblicly supported organ describes the type of	ely for th nizations supportin	ne benefi describe ng organiz	t of, to d in sect zation an	perform ion 509(a d comple	the funct a)(1) or se ete lines 1	ions of, o ection 509 1e througl	(a)(2). S n 11h.	ee sec	ction
e	other than fou or section 509	ındatıon manage (a)(2)	II c Type II that the organization ers and other than one a written determination	is not co e or more	ntrolled o	lirectly or support	r indırectl ed organ	y by one izations o	described	isqualifi in sectio	ed person 509(	sons (a)(1)
9	organization, o Since August	check this box . 17, 2006, has t								:		
		who directly or i	ndirectly controls, eit		-			describe	d in (ii) and	d [11g(i)	Yes	No
	(ii) A family m	ember of a pers	on described in (i) abo	ove?						11g(ii)		
			a person described in							11g(iii)		
h	Provide the fo	llowing informat	on about the support	ed organi	ization(s).							
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis governing	organization sted in your document?	the organ col (i) sup	nization in organiza of your (i) organ		(vi) Is the organization in col (i) organized in the US?		nt of mor pport	ietary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)											_	
(D)												
(E)										-		
Total	I							88				

Part	II Support Schedule for Organiza	ations Desc	ribed in Secti	ons 170(b)(	1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the						
	Part III. If the organization fails to						<b>,</b>
Secti	on A. Public Support	, , , , , , , , , , , , , , , , , , , ,					· ·
Calen	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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						<u> </u>
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
	•	\$44			1		
5	The portion of total contributions by each person (other than a	4/					
	each person (other than a governmental unit or publicly	4.05	(A)	4.00		1.7	
	supported organization) included on	and the second					
	line 1 that exceeds 2% of the amount		4800			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	shown on line 11, column (f)		1			3,00	
6	Public support. Subtract line 5 from line 4.	7			2 44	Į.	
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4				ļ		
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
9	Net income from unrelated business					!	
3	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	, <b>34</b>		<b>54</b> 0.2			
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the				<del>-</del>		on 501(c)(3)
<u> </u>	organization, check this box and stop he			<u>· · · · · · </u>	<u> </u>	· · · · ·	<u> </u>
	on C. Computation of Public Suppor			4			
14 15	Public support percentage for 2013 (line 6) Public support percentage from 2012 Sci		•	1, column (i))		15	<u>%</u>
16a	331/3% support test—2013. If the organia						hack this
.00	box and <b>stop here.</b> The organization qua					•	. <b>&gt;</b> []
b	331/3% support test—2012. If the organ			_			
	check this box and stop here. The organ						. ▶ □
17a	10%-facts-and-circumstances test-26	<b>013.</b> If the org	anızatıon dıd no	t check a box	c on line 13, 16	a. or 16b. and	
	10% or more, and if the organization me	_					
	Part IV how the organization meets the "f	acts-and-circi	umstances" tes	t. The organız	ation qualifies	as a publicly s	upported
	organization	· · · ·					. ▶ 🗆
b	10%-facts-and-circumstances test - 20						
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization m	neets the "fact		ances" test. 1	he organizatio	n qualifies as a	
10	supported organization	d not chook a	boy on line 12				. • 📙
18	instructions						. ▶ □

### 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			,		···/	
	dar year (or fiscal year beginning in)	(0) 2000	(h) 0010	(-) 0011	(-I) 0040	(-) 0040	10 T. I.I
1	Gifts, grants, contributions, and membership fees	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
•	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise	66407	119254	141664	70934	155934	554193
-	sold or services performed, or facilities	İ					
	furnished in any activity that is related to the	i					
_	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	i i			1		
	organization without charge						
6	Total. Add lines 1 through 5	66407	119254	141664	70934	155934	554193
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	(S) - (S)		A 19En U			
	line 6.)	100		e. Harriot			554193
	on B. Total Support	,					
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	66407	119254	141664	70934	155934	554193
10a	,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	32	18	21	120	73	264
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			İ			
	acquired after June 30, 1975 .						
C	Add lines 10a and 10b	32	18	21	120	73	264
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				ĺ		
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,					[	
	and 12)	66439	119272	141685	71054	156007	554457
14	First five years. If the Form 990 is for the		's first, second	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 Suppor						
15	Public support percentage for 2013 (line					15	100 %
16	Public support percentage from 2012 Scl			· · · · ·	<u> </u>	16	99.8 %
	on D. Computation of Investment In						
17	Investment income percentage for 2013 (					17	0 %
18	Investment income percentage from 2012					18	.2 %
19a	331/3% support tests – 2013. If the organ						
	17 is not more than 331/3%, check this box					•	
b	331/3% support tests – 2012. If the organization 18 is not more than 331/2%, check this						
20	line 18 is not more than 33½%, check this Private foundation. If the organization di						

Schedule A (F	Schedule A (Form 990 or 990-EZ) 2013						
Part IV	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions).						
		••••-					