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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

2013

OMB No 1545-1150

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	A F	For the 2013 calend		ar year, or tax year beginning January 1	, 2013, and ending	g Dec	cember 31	, 20 13		
	B c	heck if ap	plicable	C Name of organization		D Emp	tion number			
	₽ ′	Address c	hange	Evans Scholars Foundation - Ohio State			36 2865	967		
		Name cha	_	Number and street (or P O box, if mail is not delivered to street address	s) Room/suite	E Tele	E Telephone number			
	$\overline{}$	nıtıal retui		1 Briar Road			847-724-	4600		
	一	Ferminate Amended		City or town, state or province, country, and ZIP or foreign postal code	<u> </u>	F Gro	up Exemption			
	=		n pending	Golf, IL 60029-2000		Nur	nber ▶	3026		
	G A	ccount	ing Method:	✓ Cash		H Check	► ✓ If the o	rganization is not		
	I W	/ebsite	:▶ www.	wgaesf org			d to attach Sc	_		
	J Ta	ax-exen	npt status (che	eck only one) — 🔽 501(c)(3) 🔲 501(c) () ◀ (insert no) 🗆 4	947(a)(1) or 527	(Form 9	90, 990-EZ, c	r 990-PF).		
					Other					
				7b, to line 9 to determine gross receipts. If gross receipts are \$2	200,000 or more, or if	otal assets	;			
	(Par	t II, col	umn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ.			► \$	182484		
	Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund	d Balances (see t	he ınstru	ctions for F			
			Check if	the organization used Schedule O to respond to any	question in this Pa	tl		🗆		
		1					1			
<u> </u>		2		ervice revenue including government fees and contracts			2			
		3		up dues and assessments			3	182344		
8 2014		4	Investmen	t income	<i>.</i>		4	140		
€ €		5a	Gross amo	ount from sale of assets other than inventory	. 5a		1000			
		b	Less: cost	or other basis and sales expenses	. 5b					
		С	Gain or (lo	ss) from sale of assets other than inventory (Subtract line	5b from line 5a) .		5c			
_		6		nd fundraising events	ŕ					
		а	Gross inc	ome from gaming (attach Schedule G if greater th	an					
u	ne		\$15,000)		- 6a					
\mathbb{Z}	Revenue	b	Gross inco	ome from fundraising events (not including \$	of contribut	ions				
SCANNED	Re		from fundr	raising events reported on line 1) (attach Schedule G if t	he					
3			sum of suc	ch gross income and contributions exceeds \$15,000)	6b		393			
Ď		С	Less [,] direc	ct expenses from gaming and fundraising events	. 6c					
		d	Net incom	e or (loss) from gaming and fundraising events (add lin	es 6a and 6b and	subtract				
			line 6c) .				6d			
		7a	Gross sale	s of inventory, less returns and allowances	. 7a					
		b		of goods sold	. 7b		250			
		С	Gross prof	it or (loss) from sales of inventory (Subtr <mark>act line) அரசுப</mark>	ile 30)		7c			
		8	Other reve	nue (describe in Schedule O)	IVED		8			
		9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶	9	182484		
		10		d similar amounts paid (list in Schedule 阡 . ၂၂၂ 🕺	7 2014 9		10			
		11	-	aid to or for members			11	99410		
	ses	12	Salaries, o	ther compensation, and employee benefits	<u> </u>		12			
	Sue	13		al fees and other payments to independent con less			13			
	Expens	14		y, rent, utilities, and maintenance			14	85075		
	ш	15		ublications, postage, and shipping			15			
		16		enses (describe in Schedule O)			16			
	_	17	Total expe	enses. Add lines 10 through 16		<u> ▶</u>	17	184485		
	ş	18		(deficit) for the year (Subtract line 17 from line 9)			18	(2001)		
	sse	19		s or fund balances at beginning of year (from line 27, co			×.10.			
	ĕ			ar figure reported on prior year's return)			19	97748		
	Net Assets	20		nges in net assets or fund balances (explain in Schedule (•		20			
		21	Net assets	or fund balances at end of year. Combine lines 18 through	gh 20	<u> ▶ </u>	21	95747		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2013)

1						
Form 9	990-EZ (2013)					Page 2
Par	t II Balance Sheets (see the instructions f	for Part II)	<u>. </u>			
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	٠.	<u> 🗆</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[97748	22	95747
23	Land and buildings		[23	
24					24	
25	Total assets		[97748	+	95747
26	Total liabilities (describe in Schedule O)		}-		26	
27	Net assets or fund balances (line 27 of column		•	97748	27	95747
Par	Statement of Program Service Accom	•		,		Expenses
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III ⊔		quired for section
	t is the organization's primary exempt purpose?					(c)(3) and 501(c)(4) anizations and section
	ribe the organization's program service accomplisheasured by expenses. In a clear and concise m				494	17(a)(1) trusts, optional others)
	ons benefited, and other relevant information for ea		<i>p</i>	,	101	oulers /
28						
	Support for Evans Scholars Students					
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	🕨 🗌	288	184485
29						
					1	
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	▶ 🗆	298	a
30						
					ŀ	
				<u></u> -		
		ıncludes foreign gra			30	3
31	Other program services (describe in Schedule O)				١	
22		includes foreign gra			318	-
	Total program service expenses (add lines 28a t				32	101100
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				nstru	ctions for Part IV)
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits.		· · · · · <u>· </u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(a) Mario and the	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			other compensation
lohn	Vaczkowski		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		+	
	Kaczkowski dent & CEO	0			0	0
	ey Harrison			<u>'</u>	-	<u> </u>
	or Vice President, Education	0		,	0	0
	Shell		`		<u> </u>	
	tor, Education	o	1		0	0
	is O'Keefe					
Chair	***************************************	o	1		0	0
	Brueggeman					
CFO		o	(0	0
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				1	_ _	
		1	ı	1	- 1	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	ne	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	s Part	V	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	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 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		V
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 b	Enter amount of political expenditures, direct or indirect, as described in the instructions 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?	375 38a		
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a	Initiation fees and capital contributions included on line 9			
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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		<u>√</u>
41	List the states with which a copy of this return is filed ▶			
42 a		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		
Ь	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.		i i	
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	• •	Yes	► □ No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	165	
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		√
45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		✓

orm	990-EZ	(2013)
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Page 4

								es No	
46	Did the organization engage, directly or	indirectly, in political o	campaign activities oi	n behalf of or	in opposit	tion 🚡	J. 1.		
	to candidates for public office? If "Yes,"		C, Part I	<u></u>		. 4	6	✓	
Part									
	All section 501(c)(3) organization 50 and 51.	ons must answer que	estions 47-49b and	52, and co	mplete th	e table	s for	lines	
		abadula O ta raamana	d 4a amu awaati i -	Abia Dank VII				-	
	Check if the organization used S	chedule O to respond	to any question in	this Part VI	· · · ·	<u>· · · · </u>		-; _ L	
47	Did the experience experies in labelia			t		. —	Y	es No	
47	Did the organization engage in lobbyin year? If "Yes," complete Schedule C, P	art II				- 1	7	1	
48	Is the organization a school as described	I in section 170(b)(1)(A)(ii)? If "Yes." complete	Schedule E			8		
49a	- · · · · · · · · · · · · · · · · · · ·								
b	If "Yes," was the related organization a						9b		
50	Complete this table for the organization							and ke	
	employees) who each received more th	an \$100.000 of compe	nsation from the orga	inization. If th	ere is non	e. enter	"Non	e."	
-				(d) Health					
	(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 employee and deferred		nated ar comper	mount of nsation	
NONE			 	1					
!!!!!!									
	-								
					İ				
				- 	-				
	••								
	Tatal number of ather analysis as welder			<u>.l.,_</u>					
	Total number of other employees paid of								
51	Complete this table for the organization	n's five highest comp	ensated independent	contractors	who each	receive	ed mo	ore that	
	\$100,000 of compensation from the organic	ganization. If there is n	one, enter "None."						
	(a) Name and business address of each indepe	endent contractor	(b) Type of ser	vice	(c)	Compens	sation		
	· · · · · · · · · · · · · · · · · · ·		<u> </u>						
			-						
			ļ						
NONE		••	_						
	· · · · · · · · · · · · · · · · · · ·								
	***************************************		_						
								_	
			_				_		
		•	-						
	Total number of other independent con-								
	Total number of other independent con	~	•	1 40 47 (ONE			
52	Did the organization complete Schedule nonexempt charitable trusts must attack			• •		.		٦	
	· · · · · · · · · · · · · · · · · · ·			· · · ·		▶ ∨		_ No	
	penalties of perjury, I declare that I have examined the prect, and complete Disclaration of prepager (other the					owledge	and bel	ief, it is	
	rect, and complete year and or propagation to	lar officer) is based off all file	ormation or which preparer		19 c	7 - 11			
C:							<u> </u>		
Sign	Signature of officer			Date	!				
Here	Steve Brueggeman Chief Finan	cial Officer							
	Type or print name and title	······							
Paid	Print/Type preparer's name	Preparer's signature	D	ate	Check	if PTI	V		
Prep	l l				self-emplo	/ed			
Use	1			Firm	's EIN ▶				
	Firm's address ▶			Phor	ne no				
May th	he IRS discuss this return with the prepar	er shown above? See	instructions		1	► Y	es [No	

SCHEDULE A

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) no	onexempt	charitabl	e trust.						
Depart Interna	ment of the Treasury Il Revenue Service	► Information abou	► Attach to t Schedule A (Form 990				s is at www	v.irs.gov/fo	orm990.		en to P Ispect	
Name	of the organization							Employer ic	entification			
	s Scholars Found									86596	7	
Pa			rity Status (All orga						nstructi	ons.		
The	<u> </u>	•	tion because it is: (Fo		•		-	•				
1			hes, or association of			ed in sec	tion 170	(b)(1)(A)(i).			
2			170(b)(1)(A)(ii). (Attac									
3 4	A medical re	search organization	spital service organiza on operated in conjun e:	ction with	n a hospit	tal descri	bed in se	ction 170				
5	-	ion operated for (b)(1)(A)(iv). (Com	the benefit of a colle- plete Part II.)	ge or un	versity o	wned or	operated	by a go	vernmen	ntal ur	iit desc	cribed in
6 7												
8	A community	trust described i	n section 170(b)(1)(A)(vi). (Coi	mplete Pa	art II.)						
9												
10	☐ An organizat	ion organized and	operated exclusively	to test fo	or public s	safety. S	ee sectio	n 509(a)(4).			
11	purposes of 509(a)(3). Challer Type	one or more public one or more public one or more public one or more public one one one or more public or more public one or more public or		nizations supportir I–Functio	describe ng organi nally inte	d in sect zation an grated	tion 509(a d comple d 🔲	a)(1) or se te lines 1 Type III–N	ection 50 1e throu Ion-func	09(a)(2 igh 11 ctional	2). See h. ly integ	section grated
е		oundation manage	that the organization ers and other than on			-						
f	_	ization received a , check this box	written determination			that it is	a Type	I, Type I	I, or Ty	pe III 	suppo 	rting
g	following per	rsons?	he organization acce _l					-			_	
			ndirectly controls, eithody of the supported a									es No
	` '		on described in (i) abo	•						H	11g(i)	
										-	1g(ii)	
h			a person described in on about the support							Ľ	1g(iii)	
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?				(vii) A	(vii) Amount of moneta support	
				Yes	No	Yes	No	Yes	No]		
(A)												
(B)												
(C)												
(D)												
(E)	_ -		Shake a second and a second a	5 77,50.20								
Tota	1									*		

Part							
	(Complete only if you checked the Part III. If the organization fails to				•	•	alify under
Secti	on A. Public Support	J quality unde	er the tests is	ited below, p	lease comple	ete Fart III.)	
$\overline{}$	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	(1)	<u> </u>	\- /	(=,===	3, -3 - 3	(1)
	membership fees received. (Do not include any "unusual grants")		i				
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.						
	on B. Total Support	(-) 0000	(I-) 0010	(-) 0044	(-1) 0040	4-3-0040	(D. T1-1
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the support of the support of the Form 990 is for the support of the support	. (see instructi				12	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor	rt Percentag	е				
14	Public support percentage for 2013 (line	6, column (f) d	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2012 Sci					15	%
16a	331/3% support test—2013. If the organi box and stop here. The organization qua	alifies as a pub	icly supported	organization			. ▶ □
b	331/3% support test—2012. If the organ check this box and stop here. The organ					: 15 is 33½% 	or more, . ► □
17a	10%-facts-and-circumstances test—2010% or more, and if the organization mee Part IV how the organization meets the "forganization".	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part IV how the organization m supported organization	tion meets the	facts-and-ci	rcumstances" tances" test. T	test, check th he organizatio	ns box and st	op here. a publicly
18	Private foundation. If the organization di	id not check a	box on line 13,				السنا

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.)

Section A. Public Support									
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and membership fees	(4) 2000	(5) 2010	(6) 2011	(4) 2012	(0) 2010	(i) rotai		
•	received. (Do not include any "unusual grants")	02727	120000	121014	00700	400044			
2	Gross receipts from admissions, merchandise	93737	138800	121014	99700	182344	635595		
_	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	1							
	organization's benefit and either paid								
	to or expended on its behalf					- 11			
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5	93737	138800	121014	99700	182344	635595		
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								
С	Add lines 7a and 7b	0	0	0	o	0	0		
8	Public support (Subtract line 7c from			7.74					
	line 6.)						635595		
	on B. Total Support								
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
9	Amounts from line 6	93737	138800	121014	99700	182344	635595		
10a	Gross income from interest, dividends,					İ			
	payments received on securities loans, rents,								
	royalties and income from similar sources .	360	194	175	100	140	969		
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
С	Add lines 10a and 10b	360	194	175	100	140	969		
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			i					
	(Explain in Part IV.)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12)	94097	138994	121189	99800	182484	636564		
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	ere				<u> </u>	▶ 🔲		
Secti	on C. Computation of Public Suppo	rt Percentage	9						
15	Public support percentage for 2013 (line	8, column (f) di	vided by line 13	3, column (f))		15	99.8 %		
16	Public support percentage from 2012 Sc			·	<u> </u>	16	99.6 %		
Secti	on D. Computation of Investment In								
17	Investment income percentage for 2013	(line 10c, colum	ın (f) divided by	y line 13, colun	nn (f))	17	.2 %		
18	Investment income percentage from 201:	2 Schedule A, F	Part III, line 17			18	.4 %		
19a	331/3% support tests-2013. If the organ						6, and line		
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	ı publicly suppo	orted organization	on . 🕨 🗸		
b	331/3% support tests-2012. If the organic								
	line 18 is not more than 331/3%, check this	box and stop he	e re. The organi	zation qualifies	as a publicly su	upported organi	zation 🕨 🗌		
20	Private foundation. If the organization d	id not check a t	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions ► 🗍		