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Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

OMB No 1545-1150  
**2009**  
**Open to Public Inspection**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning 06-01-2009, and ending 05-31-2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization THE HAROLD & ROSEMARIE MARX MEMORIAL FUND	<b>D</b> Employer identification number 36-3670207
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 3000 W DUNDEE 303	<b>E</b> Telephone number (847) 564-8662
		City or town, state or country, and ZIP + 4 NORTHBROOK, IL 60062	<b>F</b> Group Exemption Number

**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**I Website:** NA

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J Tax-Exempt status** (check only one) —  501(c)(3) (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$** 29,352

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

		Revenue	
<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	24,276
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	
<b>4</b>	Investment income	<b>4</b>	1,091
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>b</b>	Less cost or other basis and sales expenses	<b>5b</b>	
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1)	<b>6a</b>	3,785
<b>b</b>	Less direct expenses other than fundraising expenses	<b>6b</b>	2,145
<b>c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	1,640
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>b</b>	Less cost of goods sold	<b>7b</b>	
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b>	Other revenue (describe _____)	<b>8</b>	200
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	27,207
		Expenses	
<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	
<b>16</b>	Other expenses (describe _____)	<b>16</b>	43,504
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	43,504
		Net Assets	
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-16,297
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	279,866
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	2,508
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	266,077

**Part II Balance Sheets**—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments	279,866	<b>22</b> 266,077
<b>23</b>	Land and buildings		<b>23</b>
<b>24</b>	Other assets (describe _____)		<b>24</b>
<b>25</b>	<b>Total assets</b>	279,866	<b>25</b> 266,077
<b>26</b>	<b>Total liabilities</b> (describe _____)		<b>26</b>
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	279,866	<b>27</b> 266,077

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? THE MARX PROGRAM PROVIDES SOCIAL, CULTURAL, EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR WARDS OF JUVENILE COURT			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
<b>28</b> THE MARX PROGRAM PROVIDES SOCIAL,CULTURAL, EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR WARDS OF JUVENILE COURT (Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	42,798
<b>29</b>  (Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b>  (Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (attach schedule) (Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a)		<b>32</b>	42,798

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances



**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
<b>48</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		No
<b>49b</b> If "Yes," was the related organization a section 527 organization?		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**50(f)** Total number of other employees paid over \$100,000 . . . . .

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . .

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: \*\*\*\*\* Date: 2010-12-22

SHARON THROW-KOC TREASURER  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: MITCHELL KNOPOFF Date: 2011-01-13 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: KUTCHINS ROBBINS & DIAMOND LTD  
1101 PERIMETER DR STE 760  
SCHAUMBURG, IL 60173

Preparer's identifying number (See instructions):  
EIN: \_\_\_\_\_  
Phone no: (847) 240-1040

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization THE HAROLD & ROSEMARIE MARX MEMORIAL FUND

Employer identification number

36-3670207

Part I 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 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).
4 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
5 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 )
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 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 )
8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II )
9 An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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 )
10 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
a Type I b Type II c Type III - Functionally integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified 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)
f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g 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 (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U S?, (vii) Amount of support?

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	29,272	28,576	27,382	65,650	24,276	175,156
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	29,272	28,576	27,382	65,650	24,276	175,156
<b>5</b> 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)						112,996
<b>6 Public Support.</b> Subtract line 5 from line 4						62,160

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	29,272	7,407	27,382	65,650	24,276	175,156
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,663	7,407	3,747	19,262	1,091	37,170
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets					200	200
<b>11 Total support</b> (Add lines 7 through 10)						212,526
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	48,708

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	29 250 %
<b>15</b> Public Support Percentage for 2008 Schedule A, Part II, line 14	<b>15</b>	24 300 %

**16a 33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

**18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)						

**14 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

**Facts And Circumstances Test**

THE ORGANIZATION WAS UNABLE TO COLLECT AS MUCH PUBLIC CONTRIBUTIONS AT THE ANNUAL EVENT DUE TO THE CURRENT ECONOMIC CONDITIONS THE ORGANIZATION WILL CONTINUE TO SOLICIT FOR PUBLIC CONTRIBUTIONS AND INCREASE THEIR PUBLIC SUPPORT PERCENTAGE IN THE FUTURE

## TY 2009 Compensation Explanation

**Name:** THE HAROLD & ROSEMARIE MARX  
MEMORIAL FUND

**EIN:** 36-3670207

Person Name	Explanation
STEVEN EISEMAN	
PATRICIA ZEGLIN	
DENNIS ALEXANDER	
WILLIAM PIEROTH	
ERIC BRADY	
JAMES WORTHINGTON	
JUANITA CANNON	
CHRISTOPHER LEMAY	
RUSSELL AKIS	
DENISE PAVICH	
KRISTINA GILLIAMSUNDERMAN	
JORDANETTE MATTHEWS	
MARK WERNER	
AMANDA HALAWAMAHD	
JENNIFER NUNEZ	
SHARON THROWKOC	
BROOKE R WHITTED	

## TY 2009 Other Changes in Net Assets Schedule

**Name:** THE HAROLD & ROSEMARIE MARX

MEMORIAL FUND

**EIN:** 36-3670207

Description	Amount
MARKET VALUE FLUCTUATIONS	2,508

## TY 2009 Other Expenses Schedule

**Name:** THE HAROLD & ROSEMARIE MARX  
 MEMORIAL FUND

**EIN:** 36-3670207

Description	Amount
EXPENSES	
ADMINISTRATIVE EXPENSES	706
PROGRAM SERVICE EXPENSES	27,837
ACADEMIC FEES, BOOKS, HOU	14,961

**TY 2009 Other Revenues Schedule**

**Name:** THE HAROLD & ROSEMARIE MARX  
MEMORIAL FUND

**EIN:** 36-3670207

<b>Description</b>	<b>Amount</b>
MISCELLANEOUS INCOME	200

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 36-3670207  
**Name:** THE HAROLD & ROSEMARIE MARX  
MEMORIAL FUND

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
STEVEN EISEMAN 3000 W DUNDEE ROAD SUITE 303 NORTHBROOK, IL 60062	DIRECTOR 0	0		
PATRICIA ZEGLEN 3000 W DUNDEE ROAD SUITE 303 NORTHBROOK, IL 60062	DIRECTOR 0	0		
DENNIS ALEXANDER 3000 W DUNDEE ROAD SUITE 303 NORTHBROOK, IL 60062	DIRECTOR 0	0		
WILLIAM PIEROTH 3000 W DUNDEE ROAD SUITE 303 NORTHBROOK, IL 60062	DIRECTOR 0	0		
ERIC BRADY 3000 W DUNDEE ROAD SUITE 303 NORTHBROOK, IL 60062	DIRECTOR 0	0		
JAMES WORTHINGTON 3000 W DUNDEE ROAD SUITE 303 NORTHBROOK, IL 60062	DIRECTOR 0	0		
JUANITA CANNON 3000 W DUNDEE ROAD SUITE 303 NORTHBROOK, IL 60062	DIRECTOR 0	0		
CHRISTOPHER LEMAY 3000 W DUNDEE ROAD SUITE 303 NORTHBROOK, IL 60062	DIRECTOR 0	0		
RUSSELL AKIS 3000 W DUNDEE ROAD SUITE 303 NORTHBROOK, IL 60062	DIRECTOR 0	0		
DENISE PAVICH 3000 W DUNDEE ROAD SUITE 303 NORTHBROOK, IL 60062	DIRECTOR 0	0		
KRISTINA GILLIAM-SUNDERMAN 3000 W DUNDEE ROAD SUITE 303 NORTHBROOK, IL 60062	DIRECTOR 0	0		
JORDANETTE MATTHEWS 3000 W DUNDEE ROAD SUITE 303 NORTHBROOK, IL 60062	DIRECTOR 0	0		
MARK WERNER 3000 W DUNDEE ROAD SUITE 303 NORTHBROOK, IL 60062	PRESIDENT 0	0		
AMANDA HALAWA-MAHDI 3000 W DUNDEE ROAD SUITE 303 NORTHBROOK, IL 60062	V/P 0	0		
JENNIFER NUNEZ 3000 W DUNDEE ROAD SUITE 303 NORTHBROOK, IL 60062	SECRETARY 0	0		
SHARON THROW-KOC 3000 W DUNDEE ROAD SUITE 303 NORTHBROOK, IL 60062	TREASURER 0	0		
BROOKE R WHITTED 3000 W DUNDEE ROAD SUITE 303 NORTHBROOK, IL 60062	CHAIRMAN 0	0		