



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**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)

► 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.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2010**Open to Public
Inspection**

A For the 2010 calendar year, or tax year beginning **January 1**, 2010, and ending **December 31**, 20 **10**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
The Music Academy Foundation NFP

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 6333

City or town, state or country, and ZIP + 4
Rockford, IL 61125-1333

D Employer identification number
20-5792412

E Telephone number
815-226-4168

F Group Exemption Number ►

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

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

I Website: ►

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 41493**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	26506
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	3299
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ 25110 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	8209
Expenses	6c	Less: direct expenses from gaming and fundraising events	6c	8092
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	117
	7a	Gross sales of inventory, less returns and allowances	7a	3479
	7b	Less: cost of goods sold	7b	2130
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1349
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	31271
	10	Grants and similar amounts paid (list in Schedule O)	10	12000
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
Net Assets	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	537
	16	Other expenses (describe in Schedule O)	16	6145
	17	Total expenses. Add lines 10 through 16	17	18682
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12589
	19	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)	19	71062
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	83651

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form **990-EZ** (2010)

67

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	63318	22 77865
23	Land and buildings		23
24	Other assets (describe in Schedule O)	7744	24 5787
25	Total assets	71062	25 83652
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	71062	27 83652

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)
-----------------	--

Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

What is the organization's primary exempt purpose? **Serve mission of the Music Academy of Rockford College.**
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.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28	Provide the student with reduced fees.		
	(Grants \$ 12000) If this amount includes foreign grants, check here ▶ ☐	28a	12000
29	Provide the staff with professional development opportunities.		
	(Grants \$ 1710) If this amount includes foreign grants, check here ▶ ☐	29a	1710
30	Provide support to the Music Academy of Rockford College		
	(Grants \$ 4717) If this amount includes foreign grants, check here ▶ ☐	30a	4717
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	18427

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the statement requirements in the 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	☐	☒
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)	☐	☒
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	☐	☒
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	☐	☐
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	☐	☒
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	☐	☒
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?	☐	☒
b If "Yes," complete Schedule L, Part II and enter the total amount involved	☐	☐
39 Section 501(c)(7) organizations. Enter:		
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 ▶		
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	☐	☒
c 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 ▶	☐	☐
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.	☐	☒
41 List the states with which a copy of this return is filed. ▶ IL		
42a The organization's books are in care of ▶ <u>Robin Kenney</u> Telephone no. ▶ <u>815-226-4168</u> Located at ▶ <u>5050 East State Street, Rockford</u> ZIP + 4 ▶ <u>61108-2311</u>		
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)?	☐	☒
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 .	☐	☐
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	☐	☒
If "Yes," enter the name of the foreign country: ▶	☐	☐
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 ▶ 43		☐
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	☐	☒
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	☐	☒
c Did the organization receive any payments for indoor tanning services during the year?	☐	☒
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	☐	☐

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	☒
a 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)	45a	☒
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	☒

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	☒
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	☒
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	☒
b If "Yes," was the related organization a section 527 organization?	49b	☐

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

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

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ Yes ☐ No

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.

Sign Here	Signature of officer <i>Robin Kenney</i>		Date <i>5-13-2011</i>		
	Robin Kenney, Treasurer Type or print name and title				
Paid Preparer Use Only	PnnT/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			
May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No					

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

The Music Academy Foundation NFP

Employer identification number

20-5792412

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 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).**
- 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 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).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the 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
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		51791	22377	17305	26340	117813
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge		0	0	0	0	0
4 Total. Add lines 1 through 3.		51791	22377	17305	26340	117813
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.						117813

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4		51791	22377	17305	26340	117813
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		0	591	224	3299	4114
9 Net income from unrelated business activities, whether or not the business is regularly carried on		0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		0	0	0	0	0
11 Total support. Add lines 7 through 10						121927
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☒						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. 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—2009. If the organization did not check a 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—2010. 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—2009. 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 ☐		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

The Music Academy Foundation, NFP

Employer identification number

20-5792412

Line 10: Financial support to the Music Academy of Rockford College to help reduce student fees for music instruction (\$12,000)

Line 16: Bank fees (\$4.00); Depreciation expense (\$3,307.38); In-kind consulting fee (\$100.00); Educational workshop fee (\$500.00);

Illinois Secretary of State fees (\$25.00); Professional development (\$1,710.00); Piano delivery (\$272.50);

Office Supplies (\$225.66);

Line 24: Music instruments--pianos, violins, violas, cellos, flutes, bows, musician chairs, music stands (\$5,787)

THE MUSIC ACADEMY FOUNDATION BOARD 2010/2011
#20-5792412

Andreini, Lynn	6448 Grassridge Rd. landreini@ra3.com	Rockford	IL	61108	815-399-4652 renew 2010/2011—2012/2013 [3T]
Baker, Richard	11 Johns Woods Drive	Rockford	IL	61103	815-636-2449/815-636-9958 (fax) renew 2010/2011—2011/2012 [2T]
Benham, Suzanne	3419 Valley Woods Drive suzanne@benhamhome.com	Cherry Valley	IL	61016	815-332-7445/c#815-621-4009 renew 2010/2011—2012/2013 [3T]
Blair, Phil Vice-Chair	251 Edgewood Ln. pvb719@gmail.com	Belvidere	IL	61008	815-543-9189 renew 2010/2011—2012/2013 [3T]
Dickinson, Liz	1808 Birchwood lizzyd72@aol.com	Rockford	IL	61107	815-398-4777 new 2009/2010—2011/2012 [3T]
Dierstein, Kathy	5074 Whittier Lane philipgd@comcast.net	Rockford	IL	61114	815-877-7693 new 2010/2011—2012/2013 [3T]
Elliott, Rita	5254 Candelabra Ln. rsje@comcast.net	Loves Park	IL	61111	815-885-1733/c#815-985-1414 new 2008/2009—2010/2011 [3T]
Enichen, Alice	3528 Hickory Lane aliceenichen@aol.com	Rockford	IL	61107	815-397-2568 renew 2009/2010—20011/2012 [3T]
Epperson, Jim Chair	4801 White Oak jepperson@cadcamsystemsinc.com	Rockford	IL	61114	815-636-8044/815-399-4433/ 815-979-9131 (c) renew 2008/2009—2010/2011 [3T]
Frantz, Martha Ex-officio	11940 Ventura Blvd. mfrantz@rockford.edu	Mach. Pk.	IL	61115	815-226-4168/815-639-0063/ 815-394-5149 (fax) renew 2008/2009—2010/2011 [3T]
Gustafson, Gerrie	1517 Harlem Blvd. gerrie.g@comcast.net	Rockford	IL	61103	815-968-7799 new 2009/2010—2011/2012 [3T]
Handlin, Rachel Ex-officio	3203 Alta Vista rhvlnist@yahoo.com	Rockford	IL	61107	815-226-8431 renew 2010/2011—2012/2013 [3T]
Harkness, Paula	3065 Modesto Drive pgreenberg64@yahoo.com	Rockford	IL	61114	815-654-6095/815-621-0015 new 2010/2011—2012/2013 [3T]
Kenney, Robin Secretary Ex-officio	6421 Currant Court rkenney@rockford.edu	Mach. Pk.	IL	61115	815-226-4168/815-621-4010(c)/ 815-394-5149 (fax) renew 2010/2011—2012/2013 [3T]
Lenox, Christy	1417 Brown Hills Road cdlenox9@aol.com	Rockford	IL	61107	815-962-5121 renew 2010/2011—2011/2012 [2T]
Mezny, Alexander Ex-officio	Holmstrom & Kennedy PC 800 N. Church Street amezney@holmstromlaw.com	Rockford	IL	61105	815-962-7071 renew 2010/2011—2012/2013 [3T]
Pittman, Barbara	2416 Rock Terrace barbarapittman@gmail.com	Rockford	IL	61103	815-963-9042 renew 2009/2010—20011/2012 [3T]
Roethke, Keara	200 West Madison, Suite 755 kroethke@grglegal.com	Chicago	IL	60606	(312) 428-2745/(312) 332-2781 (fax)/ (815) 590-9006 (c) renew 2010/2011—2012/2013 [3T]
Welte, Sandra	5102 Brookview Road sooty6@aol.com	Rockford	IL	61107	815-877-6748 new 2010/2011—2012/2013 [3T]
Zartman, Bill	3571 Montlake Drive joycezartman@att.net	Rockford	IL	61114	815-877-3615 new 2010/2011—2012/2013 [3T]

[3T]: 3-year term

[2T]: 2-year term