



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)

OMB No 1545-1150

**2013****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](http://www.irs.gov/form990).

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> For the 2013 calendar year, or tax year beginning January 1, 2013, and ending December 31, 2013                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                          |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>The Music Academy Foundation NFP</b><br>Number and street (or P O box, if mail is not delivered to street address) Room/suite<br><b>P. O. Box 6333</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>Rockford, IL 61125-1333</b> |
| <b>D</b> Employer identification number<br><b>20-5792412</b>                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                          |
| <b>E</b> Telephone number<br><b>815-986-0037</b>                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                          |
| <b>F</b> Group Exemption Number ▶                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                          |
| <b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                          |
| <b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).                                                                                                                                                    |                                                                                                                                                                                                                                                                                                          |
| <b>I</b> Website: ▶                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                          |
| <b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                             |                                                                                                                                                                                                                                                                                                          |
| <b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                                        |                                                                                                                                                                                                                                                                                                          |
| <b>L</b> 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 ▶ \$                                                            |                                                                                                                                                                                                                                                                                                          |

**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 . . . . . ☐

|                   |                                                                                                                                                            |                                                                                                                                                                                                                                    |                |               |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|
| <b>Revenue</b>    | <b>1</b>                                                                                                                                                   | Contributions, gifts, grants, and similar amounts received . . . . .                                                                                                                                                               | <b>1</b>       | <b>36,140</b> |
|                   | <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>       | <b>5,529</b>  |
|                   | <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>                                                                                                                                                   | Gaming and fundraising events                                                                                                                                                                                                      |                |               |
|                   | <b>a</b>                                                                                                                                                   | Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .                                                                                                                                                    | <b>6a</b>      |               |
|                   | <b>b</b>                                                                                                                                                   | Gross income from fundraising events (not including \$ <b>21,452</b> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . | <b>6b</b>      | <b>12,530</b> |
| <b>c</b>          | Less: direct expenses from gaming and fundraising events . . . . .                                                                                         | <b>6c</b>                                                                                                                                                                                                                          | <b>13,770</b>  |               |
| <b>d</b>          | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .                                               | <b>6d</b>                                                                                                                                                                                                                          | <b>-1,240</b>  |               |
| <b>Expenses</b>   | <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 in Schedule O) . . . . .                                                                                                                                                                                   | <b>8</b>       |               |
|                   | <b>9</b>                                                                                                                                                   | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .                                                                                                                                                            | <b>9</b>       | <b>40,429</b> |
|                   | <b>10</b>                                                                                                                                                  | Grants and similar amounts paid (list in Schedule O) . . . . .                                                                                                                                                                     | <b>10</b>      | <b>8,356</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>Net Assets</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>556</b>    |
|                   | <b>16</b>                                                                                                                                                  | Other expenses (describe in Schedule O) . . . . .                                                                                                                                                                                  | <b>16</b>      | <b>6,394</b>  |
|                   | <b>17</b>                                                                                                                                                  | <b>Total expenses.</b> Add lines 10 through 16 . . . . .                                                                                                                                                                           | <b>17</b>      | <b>15,306</b> |
| <b>18</b>         | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .                                                                                  | <b>18</b>                                                                                                                                                                                                                          | <b>25,123</b>  |               |
| <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>                                                                                                                                                                                                                          | <b>98,711</b>  |               |
| <b>20</b>         | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                                                             | <b>20</b>                                                                                                                                                                                                                          |                |               |
| <b>21</b>         | Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .                                                                          | <b>21</b>                                                                                                                                                                                                                          | <b>123,834</b> |               |



For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2013)

SCANNED JUN 17 2014

10 67



**Part V Other Information** (Note the Schedule A and personal benefit contract 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>33</b> 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 . . . . .                                                                                                                                                                                                                                                                      | <b>33</b>  | ✓  |
| <b>34</b> 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) . . . . .                                                                                                                                                                               | <b>34</b>  | ✓  |
| <b>35a</b> 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)? . . . . .                                                                                                                                                                                                                                                    | <b>35a</b> | ✓  |
| <b>b</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 . . . . .                                                                                                                                                                                                                                                                                                                | <b>35b</b> |    |
| <b>c</b> 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 . . . . .                                                                                                                                                                                                                          | <b>35c</b> | ✓  |
| <b>36</b> 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 . . . . .                                                                                                                                                                                                                                                        | <b>36</b>  | ✓  |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>                                                                                                                                                                                                                                                                                                                                         |            |    |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                             | <b>37b</b> | ✓  |
| <b>38a</b> 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>38a</b> | ✓  |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .                                                                                                                                                                                                                                                                                                                                                                | <b>38b</b> |    |
| <b>39</b> Section 501(c)(7) organizations. Enter: . . . . .                                                                                                                                                                                                                                                                                                                                                                                                  |            |    |
| <b>a</b> Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                                                                                                                                                                                                              | <b>39a</b> |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                                                                                                                                                                                                                     | <b>39b</b> |    |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ , section 4955 ▶ . . . . .                                                                                                                                                                                                                                                                                |            |    |
| <b>b</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 . . . . .                                                                                                                    | <b>40b</b> | ✓  |
| <b>c</b> 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 . . . . . ▶                                                                                                                                                                                                                                                         |            |    |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶                                                                                                                                                                                                                                                                                                                           |            |    |
| <b>e</b> 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 . . . . .                                                                                                                                                                                                                                                                                  | <b>40e</b> | ✓  |
| <b>41</b> List the states with which a copy of this return is filed ▶ <u>Illinois</u>                                                                                                                                                                                                                                                                                                                                                                        |            |    |
| <b>42a</b> The organization's books are in care of ▶ <u>Robin Kenney</u> Telephone no. ▶ <u>815-621-4010</u><br>Located at ▶ <u>226 South Second Street, Rockford, IL</u> ZIP + 4 ▶ <u>61104-2064</u>                                                                                                                                                                                                                                                        |            |    |
| <b>b</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)?<br>If "Yes," enter the name of the foreign country: ▶<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . . . . . | <b>42b</b> | ✓  |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .<br>If "Yes," enter the name of the foreign country: ▶                                                                                                                                                                                                                                                                                     | <b>42c</b> | ✓  |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>                                                                                                                                                                                        |            |    |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                                                                                                                                      | <b>44a</b> | ✓  |
| <b>b</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 . . . . .                                                                                                                                                                                                                                                                                                 | <b>44b</b> | ✓  |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .                                                                                                                                                                                                                                                                                                                                                    | <b>44c</b> | ✓  |
| <b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                                                                                                                       | <b>44d</b> |    |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                                                                                                                                 | <b>45a</b> | ✓  |
| <b>45b</b> 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) . . . . .                                                                                                                                                                                      | <b>45b</b> | ✓  |

|                                                                                                                                                                                                                |           | Yes                      | No                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|-------------------------------------|
| <b>46</b> 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 . . . . . | <b>46</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------|-------------------------------------|
| <b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . | <b>47</b>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                       | <b>48</b>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .                                                                 | <b>49a</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .                                                                                          | <b>49b</b> | <input type="checkbox"/> | <input type="checkbox"/>            |

**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 title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| not applicable                      |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |

**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 business address of each independent contractor | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------|---------------------|------------------|
| not applicable                                               |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |

**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.

|                  |                                                               |                      |
|------------------|---------------------------------------------------------------|----------------------|
| <b>Sign Here</b> | Signature of officer <i>Philip V. Blair</i>                   | Date <i>14 MAY 2</i> |
|                  | Type or print name and title <i>PHILIP V. BLAIR TREASURER</i> |                      |

|                               |                            |                      |      |                                                 |      |
|-------------------------------|----------------------------|----------------------|------|-------------------------------------------------|------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> 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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

The Music Academy Foundation NFP

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—Non-functionally integrated
- 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? 

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |
- (ii) A family member of a person described in (i) above? 

|         |  |  |
|---------|--|--|
| 11g(ii) |  |  |
|---------|--|--|
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

|          |  |  |
|----------|--|--|
| 11g(iii) |  |  |
|----------|--|--|
- h Provide the following information about the supported organization(s).

| (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 monetary 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) 2013

**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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                                                  | 17,305   | 26,340   | 37,814   | 23,741   | 36,140   | 141,340   |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                     | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                             | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .                                                                                                                                                                        | 17,305   | 26,340   | 37,814   | 23,741   | 36,140   | 141,340   |
| <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) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4. . . . .                                                                                                                                                          |          |          |          |          |          | 141,340   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                            | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .                                                                                                                                                                   | 17,305   | 26,340   | 37,814   | 23,741   | 36,140   | 141,340                  |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                        | 224      | 3,299    | 3,286    | 3,695    | 5,529    | 16,033                   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                    | 0        | 0        | 0        | 0        | 0        | 0                        |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .                                                                                       | 0        | 0        | 0        | 0        | 0        | 0                        |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                                |          |          |          |          |          | 157,373                  |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                      |          |          |          |          |          | 12                       |
| <b>13 First five years.</b> 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 <b>stop here</b> . . . . . |          |          |          |          |          | <input type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------|
| <b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                           | <b>14</b>                           | 90 % |
| <b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                 | <b>15</b>                           | %    |
| <b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                             | <input checked="" type="checkbox"/> |      |
| <b>b 33<sup>1</sup>/<sub>3</sub>% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                          | <input type="checkbox"/>            |      |
| <b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    | <input type="checkbox"/>            |      |
| <b>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . | <input type="checkbox"/>            |      |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .                                                                                                                                                                                                                                                               | <input type="checkbox"/>            |      |

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**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 including funds granted to help reduce student fees for music instruction (\$5,270);

funds granted to purchase electronic music equipment (\$3,356)

Line 16 Bank fees (\$5); fees to the state of Illinois (\$28); professional development for Music Academy music instructors (\$2,296);

depreciation expense (\$2,872); supplies (\$794); promotional service (\$399).

Line 24: music instruments--pianos, violins, violas, cellos, flutes, bows, musician chairs, music stands (\$3,332)

**Revenue: Gift**

|            |                      |                             |               |    |                    |    |        |            |
|------------|----------------------|-----------------------------|---------------|----|--------------------|----|--------|------------|
| Allen      | Dr. & Mrs. Herbert   | 4983 Brookview Road         | Rockford      | IL | 61107 ck #6412     | \$ | 200.00 | 8/29/2013  |
| Anderson   | Timothy              | 5135 Diane Ct.              | Rockford      | IL | 61108 ck #5352     | \$ | 100.00 | 2/6/2013   |
| Anderson   | Timothy              | 5135 Diane Ct.              | Rockford      | IL | 61108 ck #5403     | \$ | 250.00 | 12/31/2013 |
| Andreini   | Albano and Lynn      | 6448 Grassridge Road        | Rockford      | IL | 61108 ck #7009     | \$ | 180.00 | 2/6/2013   |
| Andreini   | Albano and Lynn      | 4500 Gulf Shore Blvd N #241 | Naples        | FL | 34103 ck #100307   | \$ | 600.00 | 8/29/2013  |
| Baker      | Mr. & Mrs. Richard   | 11 Johns Woods Drive        | Rockford      | IL | 61103 ck #4807     | \$ | 90.00  | 2/6/2013   |
| Baker      | Mr. & Mrs. Richard   | 11 Johns Woods Drive        | Rockford      | IL | 61103 ck #4939     | \$ | 100.00 | 9/3/2013   |
| Bartik     | Janice               | 9387 Densmore Drive         | Roscoe        | IL | 61073 ck #2794     | \$ | 50.00  | 10/3/2013  |
| Baskin     | Dr. and Mrs. William | 625 Calvin Park Blvd.       | Rockford      | IL | 61107 ck #73118785 | \$ | 537.11 | 4/23/2013  |
| Beert      | Pearl                | 4142 Johns Farm Road        | Rockford      | IL | 61101 ck #1663     | \$ | 25.00  | 9/3/2013   |
| Bell       | Peter & Colleen      | 15215 Levi Run              | So. Beloit    | IL | 61080 ck #9639     | \$ | 150.00 | 2/14/2013  |
| Bell       | Peter & Colleen      | 15215 Levi Run              | So. Beloit    | IL | 61080 ck #9713     | \$ | 100.00 | 2/21/2013  |
| Bevers     | Kyle & Marge         | 112 N. Wyman Street #2      | Rockford      | IL | 61101 ck #10759    | \$ | 250.00 | 12/19/2013 |
| Bissell    | Don                  | 112 N. Wyman Street #2      | Rockford      | IL | 61101 ck #4029     | \$ | 125.00 | 8/29/2013  |
| Bryan      | Patricia             | 9180 Smokethorn Trail       | Belvidere     | IL | 61008 ck #9244     | \$ | 90.00  | 2/6/2013   |
| Burkholder | Paul and Carol       | 5111 Regents Park Road      | Rockford      | IL | 61107 ck #4385     | \$ | 50.00  | 9/3/2013   |
| Burmeister | Ronald & Carol       | 1717 Old Wood Road          | Rockford      | IL | 61107 ck #1403     | \$ | 500.00 | 2/28/2013  |
| Butler     | Dianne               | 2219 E. State Street        | Rockford      | IL | 61104 ck #2602     | \$ | 100.00 | 2/28/2013  |
| Cade       | Warren & Marilyn     | 2544 Tuck-a-Way             | Rockford      | IL | 61107 ck #4086     | \$ | 50.00  | 12/31/2013 |
| Capone     | Beverly              | 1828 Oxford Street          | Rockford      | IL | 61103 ck #1098     | \$ | 40.00  | 12/31/2013 |
| Carlin     | Susan                | 3303 Andover Drive          | Rockford      | IL | 61114 ck #3871     | \$ | 150.00 | 9/19/2013  |
| Collins    | Hope                 | 5582 Hazel Close            | Roscoe        | IL | 61073 ck #5204     | \$ | 90.00  | 2/6/2013   |
| Conklin    | Diane                | 3307 Northview Road         | Rockford      | IL | 61107 ck #4527     | \$ | 25.00  | 2/6/2013   |
| Cooper     | Daphne               | 2210 Birchwood Drive        | Rockford      | IL | 61107 ck #1680     | \$ | 25.00  | 8/29/2013  |
| Crittenden | Joy                  | 1687 Meadows Circle         | Rockford      | IL | 61108 ck #6252     | \$ | 15.00  | 10/16/2013 |
| Cwynar     | Thomas & Connie      | 1120 Darwin Drive           | Machesney Par | IL | 61115 ck #6335     | \$ | 50.00  | 2/14/2013  |
| Dickinson  | Elizabeth            | 1806 Birchwood Ln.          | Rockford      | IL | 61107 ck #7159     | \$ | 100.00 | 10/3/2013  |
| Eggers     | Georgianne           | 3307 Landstrom Road         | Rockford      | IL | 61107 ck #7307     | \$ | 50.00  | 8/29/2013  |
| Elliott    | Rita Elliott         | 5254 Candelabra Ln.         | Loves Park    | IL | 61111 ck #6602     | \$ | 100.00 | 12/31/2013 |
| Enichen    | Alice                | 3528 Hickory Lane           | Rockford      | IL | 61107 ck #2099     | \$ | 400.00 | 9/19/2013  |
| Epperson   | Jim                  | 4801 White Oak Avenue       | Rockford      | IL | 61114 ck #5614     | \$ | 500.00 | 12/31/2013 |
| Erckson    | Leigh                | 10131 Rellswood             | Belvidere     | IL | 61008 ck #3173     | \$ | 300.00 | 9/19/2013  |
| Ericson    | Eric & Gretchen      | 5227 Gingeridge Ln.         | Rockford      | IL | 61114 ck #9583     | \$ | 25.00  | 1/31/2013  |
| Ferguson   | Johnathan            | 4307 Singleton Close        | Rockford      | IL | 61114 ck #6147     | \$ | 200.00 | 9/19/2013  |

# **The Music Academy Foundation #20-5792412**

Page 2 of 5

|             |                            |                        |               |    |                 |    |          |            |
|-------------|----------------------------|------------------------|---------------|----|-----------------|----|----------|------------|
| Fisher      | Dr. & Mrs. Terrance        | 6354 Tuscany Ct.       | Rockford      | IL | 61107 ck #3071  | \$ | 25.00    | 8/29/2013  |
| Frantz      | Martha                     | 11940 Ventura Blvd.    | Machesney Par | IL | 61115 ck #4661  | \$ | 100.00   | 8/29/2013  |
| Funderburg  | Robert & Cahenne           | 10905 Olson Road       | Belvidere     | IL | 61008 ck #4154  | \$ | 100.00   | 2/28/2013  |
| Furst       | Thomas & Darlene Furst     | 130 Callaway Cove      | Loves Park    | IL | 61111 ck #5463  | \$ | 100.00   | 12/31/2013 |
| Gayle       | E. A.                      |                        |               |    | ck #2634        | \$ | 20.00    | 8/29/2013  |
| Geller      | Dr. and Mrs. Stephen       | 4810 Springbrook Road  | Rockford      | IL | 61114 ck #7439  | \$ | 100.00   | 1/11/2013  |
| Geller      | Dr. and Mrs. Stephen       | 4810 Springbrook Road  | Rockford      | IL | 61114 ck #7474  | \$ | 1,800.00 | 2/21/2013  |
| Glidden     | Danny & Candy              | 10743 Croix Ct.        | Roscoe        | IL | 61073 ck #2046  | \$ | 90.00    | 2/6/2013   |
| Gottlick    | Peter & Jane               | 5463 Roanoke Road      | Rockford      | IL | 61104 ck #9718  | \$ | 175.00   | 2/14/2013  |
| Grantz      | Cynthia                    | 3528 Brookview Road    | Rockford      | IL | 61107 ck #3199  | \$ | 75.00    | 8/29/2013  |
| Gudmundsson | Dr. Steinar & Katrin Heida | 11966 Old Oak Lane     | Belvidere     | IL | 61008 ck #4613  | \$ | 150.00   | 11/14/2013 |
| Gustafson   | Brian and Judy             | 3842 Abbottsford Road  | Rockford      | IL | 61107 ck #7132  | \$ | 100.00   | 8/29/2013  |
| Gustafson   | Gerrie                     | 1517 Harlem Blvd.      | Rockford      | IL | 61103 ck #11283 | \$ | 100.00   | 9/3/2013   |
| Hadley      | Fred and Maxine            | 424 N. Gardiner Avenue | Rockford      | IL | 61107 ck #4463  | \$ | 1,000.00 | 9/19/2013  |
| Handlin     | Rachel                     | 3203 Alta Vista Road   | Rockford      | IL | 61107 ck #3008  | \$ | 90.00    | 2/6/2013   |
| Harkness    | Paula                      | 3065 Modesto Drive     | Rockford      | IL | 61114 ck #1534  | \$ | 100.00   | 9/19/2013  |
| Healy       | Mary                       | 6185 Muirfield Lane    | Rockford      | IL | 61114 ck #1628  | \$ | 50.00    | 9/3/2013   |
| Heerens     | Dr. Robert                 | 5664 Spring Brook Road | Rockford      | IL | 61114 ck #5592  | \$ | 50.00    | 8/29/2013  |
| Henke       | Warren                     | 2862 Woodhill Drive    | Rockford      | IL | 61114 ck #10759 | \$ | 100.00   | 9/3/2013   |
| Hoffmann    | Nancy                      | 8629 Secret Way Drive  | Roscoe        | IL | 61073 ck #3671  | \$ | 100.00   | 9/3/2013   |
| Hotchkiss   | Katherine                  | 4222 Westfield Drive   | Rockford      | IL | 61101 ck #6014  | \$ | 100.00   | 8/29/2013  |
| Jackson     | Ernie                      | 1838 Shaw Woods Drive  | Rockford      | IL | 61107 ck #2107  | \$ | 610.00   | 2/14/2013  |
| Jaworowicz  | Julie                      | 8102 Burr Oak Road     | Roscoe        | IL | 61073 ck #6742  | \$ | 100.00   | 9/11/2013  |
| Kenney      | Robin                      | 6421 Currant Court     | Machesney Par | IL | 61107 ck #2215  | \$ | 50.00    | 10/3/2013  |
| Kiley       | Martha                     | 2407 Clinton Road      | Rockford      | IL | 61103 ck #15965 | \$ | 100.00   | 4/30/2013  |
| Koester     | Russ and Terri             | 5357 Pepper Drive      | Rockford      | IL | 61114 ck #2485  | \$ | 50.00    | 8/29/2013  |
| Kotecki     | Jane                       | 8791 Grove Hill Road   | Rockford      | IL | 61107 ck #7908  | \$ | 100.00   | 10/16/2013 |
| Kubitz      | Jack                       | 37 Briar Lane          | Rockford      | IL | 61103 ck #9347  | \$ | 25.00    | 8/29/2013  |
| Layng       | Anita                      | 1029 Parkview Avenue   | Rockford      | IL | 61107 ck #1366  | \$ | 100.00   | 10/3/2013  |
| Leeson      | Betty                      | 803 Robindale Circle   | Rockford      | IL | 61107 ck #10426 | \$ | 100.00   | 8/29/2013  |
| Leeson      | Betty                      | 803 Robindale Circle   | Rockford      | IL | 61107 ck #10184 | \$ | 50.00    | 8/29/2013  |
| Lenox       | Dr Jack                    | 1417 Brown Hills Road  | Rockford      | IL | 61107 ck #445   | \$ | 300.00   | 1/31/2013  |
| Liddell     | Karen                      | 1219 Harlem Blvd.      | Rockford      | IL | 61103 ck #5431  | \$ | 100.00   | 12/31/2013 |
| Lyons       | Jane                       | 2309 Rock Terrace      | Rockford      | IL | 61103 ck #4893  | \$ | 40.00    | 8/29/2013  |
| Mallia      | Dr. and Mrs. A. Krishna    | 7072 Montmorency Drive | Rockford      | IL | 61108 ck #1043  | \$ | 90.00    | 2/6/2013   |

|                                     |                           |                          |               |    |                 |    |          |            |
|-------------------------------------|---------------------------|--------------------------|---------------|----|-----------------|----|----------|------------|
| Mallia                              | Dr. and Mrs. A. Krishna   | 7072 Montmorency Drive   | Rockford      | IL | 61108 ck #1058  | \$ | 50.00    | 9/11/2013  |
| Mathers                             | Ann                       | 5720 Coachman Ct.        | Rockford      | IL | 61107 ck #3062  | \$ | 100.00   | 8/29/2013  |
| Maxwell                             | Andy and Cindy            | 5396 Black Thorn Drive   | Rockford      | IL | 61107 ck #2712  | \$ | 100.00   | 8/29/2013  |
| McDonald                            | Colleen                   | 417 N. Rockford Avenue   | Rockford      | IL | 61107 ck #4715  | \$ | 100.00   | 9/3/2013   |
| McKnight                            | Joyce                     | 1448 Dry Creek Bend      | Rockford      | IL | 61108 ck #2522  | \$ | 100.00   | 8/29/2013  |
| Mezny                               | Al and Rene               | 3624 Foxborough Ln.      | Rockford      | IL | 61114 ck #5091  | \$ | 100.00   | 8/29/2013  |
| Migliaccio                          | Tatiana                   | 1515 N. Van Buren, #407  | Milwaukee     | WI | 53202 ck #602   | \$ | 100.00   | 2/21/2013  |
| Muise-Emrich                        | Mary Emrich-Muise         | 5115 Parliament Pl.      | Rockford      | IL | 61107 ck #4277  | \$ | 100.00   | 12/31/2013 |
| Ogren                               | Gerald                    | 4184 Catalpa Woods Drive | Rockford      | IL | 61101 ck #4364  | \$ | 100.00   | 8/29/2013  |
| Ostrom                              | Carol                     | 3704 Beach Street        | Rockford      | IL | 61108 ck #6362  | \$ | 50.00    | 8/29/2013  |
| Pampe                               | Alice                     | 6529 Laurel Cherry Drive | Rockford      | IL | 61108 ck #4275  | \$ | 50.00    | 8/29/2013  |
| Peterson                            | Lois                      | 3230 Fawnridge Drive     | Rockford      | IL | 61111 ck #7907  | \$ | 50.00    | 8/29/2013  |
| Pittman                             | Barbara                   | 2416 Rock Terr.          | Rockford      | IL | 61109 ck #1684  | \$ | 90.00    | 2/6/2013   |
| Pittman                             | Barbara                   | 2416 Rock Terr.          | Rockford      | IL | 61109 ck #1687  | \$ | 300.00   | 2/14/2013  |
| Pittman                             | Barbara                   | 2416 Rock Terr.          | Rockford      | IL | 61109 ck #1927  | \$ | 250.00   | 12/10/2013 |
| Prabhakar                           | Prabhakar, Lorra          | 10314 Wentworth Place    | Belvidere     | IL | 61008 ck #2189  | \$ | 25.00    | 11/14/2013 |
| Prorok                              | Charles Prorok & Marcia N | 1515 Greenmont Street    | Rockford      | IL | 61107 ck #9521  | \$ | 100.00   | 2/28/2013  |
| Prorok                              | Charles Prorok & Marcia N | 1515 Greenmont Street    | Rockford      | IL | 61107 ck #5256  | \$ | 100.00   | 12/31/2013 |
| Reith                               | Roxanne                   | 1113 Revere Ridge Drive  | Rockford      | IL | 61108 ck #4680  | \$ | 50.00    | 1/31/2013  |
| Rice                                | Carol                     | 7055 Forest Glen, Apt. L | Rockford      | IL | 61114 ck #10627 | \$ | 50.00    | 7/22/2013  |
| Rice                                | Carol                     | 7055 Forest Glen, Apt. L | Rockford      | IL | 61114 cash      | \$ | 60.00    | 12/19/2013 |
| Rockford Area Arts Council          |                           | 713 E. State Street      | Rockfords     | IL | 61104 ck #4864  | \$ | 50.00    | 8/29/2013  |
| Rockford Suzuki Parent Organization |                           | 226 South Second Street  | Rockford      | IL | 61104 ck #3274  | \$ | 200.00   | 2/6/2013   |
| Rockford Suzuki Parent Organization |                           | 226 South Second Street  | Rockford      | IL | 61104 ck #3271  | \$ | 750.00   | 2/6/2013   |
| Ross                                | Joel                      | 1404 24th Street         | Rockford      | IL | 61108 ck #5289  | \$ | 50.00    | 9/19/2013  |
| Sadlon                              | Dr. James and Arline      | 5150 Farmington Close    | Rockford      | IL | 61114 ck #3847  | \$ | 50.00    | 9/19/2013  |
| Scarpaci                            | Kathleen                  | 215 S. Ulster St.        | Cherry Valley | IL | 61016 ck #6575  | \$ | 50.00    | 12/31/2013 |
| Scheuer                             | Gayle                     | 233 N. Calvin Park Blvd. | Rockford      | IL | 61107 ck #2746  | \$ | 50.00    | 10/3/2013  |
| Schulz                              | Bill and Tammy            | 1701 Harlem Blvd.        | Rockford      | IL | 61103 ck #8865  | \$ | 250.00   | 8/29/2013  |
| Shaheen                             | Joann                     | 3214 Wesley Way          | Rockford      | IL | 61101 ck #3022  | \$ | 100.00   | 4/23/2013  |
| Stegfried                           | Carter & Ruth             | 206 Guard Street         | Rockford      | IL | 61103 ck #12698 | \$ | 100.00   | 12/31/2013 |
| Snively                             | Mr. & Mrs. William        | 1618 National Avenue     | Rockford      | IL | 61103 ck #2353  | \$ | 50.00    | 8/29/2013  |
| Stallmann                           | Mr. & Mrs. Duane          | 2018 Old Orchard Road    | Rockford      | IL | 61107 ck #5007  | \$ | 100.00   | 9/19/2013  |
| Trail                               | Hope                      | 412 Marquette Drive      | New Buffalo   | NY | 49117 ck #8485  | \$ | 1,000.00 | 1/31/2013  |
| Valdez                              | Rodolfo                   | 1109 N. Prospect         | Rockford      | IL | 61107 ck #10624 | \$ | 250.00   | 12/19/2013 |

|               |                     |                              |                |    |                    |           |            |
|---------------|---------------------|------------------------------|----------------|----|--------------------|-----------|------------|
| VanLandingham | Jean                | 4236 Westfield Drive         | Rockford       | IL | 61101 ck #2602     | \$ 20.00  | 1/31/2013  |
| Vidcan        | Deborah             | 2515 Oakridge Lane           | Rockford       | IL | 61107 ck #6303     | \$ 100.00 | 8/29/2013  |
| Walk          | Gayle               | 13176 E. Big Mound Road      | Davis Junction | IL | 61020 ck #4410     | \$ 200.00 | 8/29/2013  |
| Webb          | Richard             | 3224 Wesley Way              | Rockford       | IL | 61101 ck #9788     | \$ 50.00  | 9/3/2013   |
| Webster       | Neil                | 4141 N. Rockton Avenue #C129 | Rockford       | IL | 61103 ck #1215     | \$ 500.00 | 9/11/2013  |
| Welte         | Sandy               | 5102 Brookview Road          | Rockford       | IL | 61107 ck #4120     | \$ 200.00 | 8/29/2013  |
| Westlund      | Steve and Janice    | P. O. Box 7386               | Rockford       | IL | 61125 ck #1684     | \$ 25.00  | 8/29/2013  |
| Whitcher      | William and Marjane | 1825 National Avenue         | Rockford       | IL | 61103 ck #1042     | \$ 100.00 | 9/19/2013  |
| Willette      | Craig and Rose      | 1837 National Avenue         | Rockford       | IL | 61103 ck #1835     | \$ 20.00  | 2/21/2013  |
| Willette      | Craig and Rose      | 1837 National Avenue         | Rockford       | IL | 61103 ck #1750     | \$ 25.00  | 8/29/2013  |
| Wollstadt     | Loyd                | 807 Overlook Road            | Rockford       | IL | 61107 ck #7338     | \$ 50.00  | 12/31/2013 |
| Yoon          | Jean                | 11847 Prestwick Road         | Belvidere      | IL | 61008 ck #2664     | \$ 250.00 | 12/10/2013 |
| Zartman       | Bill and Joyce      | 3571 Montlake Drive          | Rockford       | IL | 61114 ck #27313366 | \$ 250.00 | 9/11/2013  |
| Zartman       | Bill and Joyce      | 3571 Montlake Drive          | Rockford       | IL | 61114 ck #1368     | \$ 90.00  | 9/11/2013  |
| Zimmerman     | Don & Betty         | 2428 Rock Terrace            | Rockford       | IL | 61103 ck #4734     | \$ 100.00 | 12/10/2013 |

**Total Revenue: Gift** **\$ 19,012.11**

**Revenue: Event Sponsorships**

|                                        |                           |          |    |                 |             |           |
|----------------------------------------|---------------------------|----------|----|-----------------|-------------|-----------|
| Cad Cam Systems, Inc.                  | 5291 28th Avenue          | Rockford | IL | 61109 ck #18228 | \$ 1,000.00 | 2/28/2013 |
| Focus Financial Advisors               | 6870 Rote Road, Suite 101 | Rockford | IL | 61107 ck #5237  | \$ 500.00   | 5/29/2013 |
| Rockford Gastroenterology Assoc., Ltd. | 401 Roxbury Road          | Rockford | IL | 61107 ck #11585 | \$ 3,540.00 | 2/6/2013  |

**Total Revenue: Event Sponsorships** **\$ 5,040.00**

**Revenue: Grants Received**

|                                           |                           |               |    |                   |                    |            |
|-------------------------------------------|---------------------------|---------------|----|-------------------|--------------------|------------|
| Community Foundation Great River Bend     | 852 Middle Road Suite 100 | Bettendorf    | IA | 52722 ck #19701   | \$ 500.00          | 2/21/2013  |
| Community Foundation of Northern Illinois | 946 N. Second Street      | Rockford      | IL | 61107 ck #91179   | \$ 1,000.00        | 9/19/2013  |
| Community Foundation of Northern Illinois | 946 N. Second Street      | Rockford      | IL | 61107 ck #21337   | \$ 100.00          | 9/19/2013  |
| Fidelity Charitable Fund                  | P. O. Box 770001          | Cincinnati    | OH | 45277 ck #3921105 | \$ 250.00          | 8/29/2013  |
| Fidelity Charitable Fund                  | P. O. Box 770001          | Cincinnati    | OH | 45277 ck #3894788 | \$ 1,000.00        | 8/29/2013  |
| Schwab Charitable Fund                    | 211 Main Street, Floor 10 | San Francisco | CA | 94105 ck #1953027 | \$ 500.00          | 12/31/2013 |
| <b>Total Revenue: Grants Received</b>     |                           |               |    |                   | <b>\$ 3,350.00</b> |            |

**Revenue: In-Kind Donation**

|                                        |        |                     |                  |                |                 |            |
|----------------------------------------|--------|---------------------|------------------|----------------|-----------------|------------|
| Frantz                                 | Martha | 11940 Ventura Blvd. | Machesney Par IL | 61115 supplies | \$ 82.53        | 10/14/2013 |
| <b>Total Revenue: In-Kind Donation</b> |        |                     |                  |                | <b>\$ 82.53</b> |            |

## THE MUSIC ACADEMY FOUNDATION BOARD 2012/2013

AS OF 12/31/12

|                                |                                                                           |           |    |       |                                                                                    |
|--------------------------------|---------------------------------------------------------------------------|-----------|----|-------|------------------------------------------------------------------------------------|
| Baker, Richard                 | 11 Johns Woods Drive                                                      | Rockford  | IL | 61103 | 815-636-2449/815-636-9958 (fax)<br>renew 2010/2011—2011/2012 [2T]                  |
| Dickinson, Liz                 | 1808 Birchwood<br>lizzyd72@aol.com                                        | Rockford  | IL | 61107 | 815-398-4777<br>new 2009/2010—2011/2012 [3T]                                       |
| Enichen, Alice                 | 3528 Hickory Lane<br>aliceenichen@aol.com                                 | Rockford  | IL | 61107 | 815-397-2568<br>renew 2009/2010—20011/2012 [3T]                                    |
| Frantz, Martha                 | 11940 Ventura Blvd.<br>mfrantz@MusicAcademyInRockford.com                 | Mach. Pk. | IL | 61115 | 815-986-0037/815-639-0063/<br>815-986-0076 (fax)<br>renew 2011/2012—2013/2014 [3T] |
| Hanif, Saman                   | 3855 Hermitage Trail<br>samanbutt@hotmail.com                             | Rockford  | IL | 61114 | 815-636-8933/815-440-8881<br>new 2011/2012-2013/2014 (3T)                          |
| Harkness, Paula                | 3065 Modesto Drive<br>pgreenberg64@yahoo.com                              | Rockford  | IL | 61114 | 815-654-6095/815-621-0015<br>new 2010/2011—2012/2013 [3T]                          |
| Kenney, Robin<br>Treasurer     | 6421 Currant Court<br>rkenney@MusicAcademyInRockford.com                  | Mach. Pk. | IL | 61115 | 815-986-0037/815-621-4010/<br>815-986-0076 (fax)<br>renew 2010/2011—2012/2013 [3T] |
| Mezny, Alexander<br>Ex-officio | Holmstrom & Kennedy PC<br>800 N. Church Street<br>amezny@holmstromlaw.com | Rockford  | IL | 61105 | 815-962-7071<br>renew 2010/2011—2012/2013 [3T]                                     |
| Pittman, Barbara               | 2416 Rock Terrace<br>barbarapittman@gmail.com                             | Rockford  | IL | 61103 | 815-963-9042<br>renew 2009/2010—20011/2012 [3T]                                    |
| Zartman, Bill                  | 3571 Montlake Drive<br>joycezartman@att.net                               | Rockford  | IL | 61114 | 815-877-3615<br>new 2010/2011—2012/2013 [3T]                                       |

[3T]: 3-year term

[2T]: 2-year term