Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2003

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning , 2003, and ending

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return
- [ ] Amended return
- [x] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
College Insurance Company

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
100 Bank Street, Suite 610

City or town, state or country, and ZIP + 4
Burlington, VT 05402

D Employer identification number
020630294

E Telephone number
(802) 864-5599

F Accounting method: [ ] Cash [x] Accrual [ ] Other (specify) ▶

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

G Website: ▶

J Organization type (check only one) ▶ [x] 501(c) 3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return.**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 9,554,512

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? [ ] Yes [x] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? [ ] Yes [ ] No (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [ ] No

I Group Exemption Number ▶

M Check ▶ [x] if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a		
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash $ ____ noncash $ ____)		1d	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	9,484,459
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	70,053
	5	Dividends and interest from securities		5	
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)		6c	
	7	Other investment income (describe ▶)		7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities	8a	(B) Other	
	b	Less. cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ [ ]			
	a	Gross revenue (not including $ ____ of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c	
	11	Other revenue (from Part VII, line 103)		11	
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	9,554,512
Expenses	13	Program services (from line 44, column (B))		13	8,331,312
	14	Management and general (from line 44, column (C))		14	369,752
	15	Fundraising (from line 44, column (D))		15	
	16	Payments to affiliates (attach schedule)		16	
	17	**Total expenses** (add lines 16 and 44, column (A))		17	8,701,064
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	853,448
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	2,550,776
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	3,404,224

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For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2003)

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ _____ noncash $ _____)	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24	6,341,350	6,341,350		
25 Compensation of officers, directors, etc.	25				
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	22,650		22,650	
32 Legal fees	32	55,262		55,262	
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	21,955		21,955	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize) a	43a	2,259,847	1,989,962	269,885	
b See statement #1	43b				
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 through 43) *Organizations completing columns (B)-(D), carry these totals to lines 13-15*	44	8,701,064	8,331,312	369,752	

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs $ _____, (ii) the amount allocated to Program services $ _____;
(iii) the amount allocated to Management and general $ _____, and (iv) the amount allocated to Fundraising $ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶ Insurance - exempt under 501(c)3

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)

a College Insurance Company reinsures workers' compensation coverage. Its shareholders include three not-for-profit organizations and related entities.
(Grants and allocations $) 8,331,312

b (Grants and allocations $)

c (Grants and allocations $)

d (Grants and allocations $)

e Other program services (attach schedule) (Grants and allocations $)

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services). ▶ 8,331,312

Part IV Balance Sheets (See page 25 of the instructions.)

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*				(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing			45	
	46	Savings and temporary cash investments		7,660,105	46	10,510,866
	47a	Accounts receivable	47a 5,053,119			
	b	Less: allowance for doubtful accounts	47b	1,785,784	47c	5,053,119
	48a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less: allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		825,060	53	1,075,230
	54	Investments - securities (attach schedule) ▶ ☐ Cost ☐ FMV			54	
	55a	Investments - land, buildings, and equipment: basis	55a			
	b	Less: accumulated depreciation (attach schedule)	55b		55c	
	56	Investments - other (attach schedule)			56	
	57a	Land, buildings, and equipment: basis	57a			
	b	Less: accumulated depreciation (attach schedule)	57b		57c	
	58	Other assets (describe ▶ loss deposit fund)		234,875	58	341,358
	59	**Total assets** (add lines 45 through 58) (must equal line 74)		10,505,824	59	16,980,573
Liabilities	60	Accounts payable and accrued expenses		679,922	60	1,870,742
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe ▶ see statement #3)		7,275,126	65	11,705,607
	66	**Total liabilities** (add lines 60 through 65)		7,955,048	66	13,576,349
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☐ and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted			67	
	68	Temporarily restricted			68	
	69	Permanently restricted			69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		3,000,000	70	3,000,000
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds		(449,224)	72	404,224
	73	**Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)		2,550,776	73	3,404,224
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)		10,505,824	74	16,980,573

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	9,554,512
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	9,554,512
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	9,554,512

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	8,701,064
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	8,701,064
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify). $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	8,701,064

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Statement #3				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No

If "Yes," attach schedule - see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		x
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		x
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		x
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		x
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		x
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	x	
b	If "Yes," enter the name of the organization ▶ EIIA, Inc., ELCA Risk Management, Inc., & APCU Risk Management, Inc. and check whether it is [x] exempt or [ ] nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions. 81a None			
b	Did the organization file **Form 1120-POL** for this year?	81b		x
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		x
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	x	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		NA
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		NA
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		NA
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members?	85a		NA
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		NA
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c NA			
d	Section 162(e) lobbying and political expenditures 85d NA			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e NA			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f NA			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		NA
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		NA
86	*501(c)(7) orgs.* Enter a Initiation fees and capital contributions included on line 12 86a NA			
b	Gross receipts, included on line 12, for public use of club facilities 86b NA			
87	*501(c)(12) orgs.* Enter a Gross income from members or shareholders 87a NA			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b NA			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Part IX	88		x
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		x
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NA			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ NA			
90a	List the states with which a copy of this return is filed ▶			
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions) 90b None			
91	The books are in care of ▶ Marsh Management Services, Inc. Telephone no ▶ (802) 864-5599 Located at ▶ 100 Bank Street, Suite 610, Burlington, VT ZIP + 4 ▶ 05402			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041*** - Check here ▶ [ ] and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 NA			

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue.					
a Premiums earned					9,484,459
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					70,053
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					9,554,512
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					9,554,512

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	
	PREMIUM WRITTEN TO INSURE POSSIBLE FUTURE LOSSES OF INSUREDS
95	INTEREST RECEIVED ON INVESTMENTS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . Yes [ ] No [x]

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes [ ] No [x]

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions*

Please Sign Here

Under penalties of perjury, I declare that I have examined this retur
and belief, it is true, correct, and complete Declaration of prepare

▶ Stephen L Garwood
Signature of officer

▶ Stephen L. Garwood, Tr
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [signature] CPA

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Johnson Lambert & Co.
One Lawson Lane, PO Bo
Burlington, VT 05402

[redacted]

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College Insurance Company
2003 Form 990
EIN: 02-0630294

STATEMENT #1 - Part II Statement of Functional Expenses

Part II - line 24 Benefits paid to or for members

Loss and loss adjustment expenses	6,341,350

Part II, statement of functional expenses	Total	Program	Mgmt.
Audit fees	22,650		22,650
Travel & entertainment	21,955		21,955
Legal fees	55,262		55,262

Part II, line 43, Other expenses

	Total	Program	Mgmt.
Ceding commission expense	1,939,639	1,939,639	
Vermont premium tax	18,840	18,840	
Consulting fees	(8,750)		(8,750)
License fee	300	300	
Management fees	255,000		255,000
D & O premium expense	16,936	16,936	
Professional liability premium expense	22,500		22,500
Bank charges	497	497	
Misc. expense	1,135		1,135
Letter of Credit fees	13,750	13,750	
Total	2,259,847	1,989,962	269,885
Part II, line 44 Total functional expenses	8,701,064	8,331,312	369,752

College Insurance Company
2003 Form 990
EIN: 02-0630294

STATEMENT #2 - Part IV Balance sheet

Part IV - line 46 Savings and temporary cash investments	2002	2003
Cash in Savings	1,660,105	465,430
Certificate of deposit	6,000,000	6,045,436
Certificate of deposit	-	4,000,000
	7,660,105	10,510,866
Part IV - line 47a Accounts receivable		
Premium receivable	1,783,540	5,046,025
Interest receivable	2,244	7,094
Accounts receivable	0	-
	1,785,784	5,053,119
Part IV - line 53 Prepaid expenses and deferred charges		
Prepaid expenses	7,686	9,250
Deferred Vermont Premium tax	6,627	10,613
Deferred acquistion costs	810,747	1,055,367
	825,060	1,075,230
Part IV - Line 60 Accounts payable and accrued expenses		
Vermont premium tax payable	13,255	22,826
Accounts payable	18,000	246,159
Losses payable	281,593	221,573
Ceding commission payable	367,074	1,380,184
	679,922	1,870,742
Part IV - Line 65 Other Liabilities		
Loss and loss adjustment expense	3,218,407	6,988,614
Unearned premium	4,056,719	4,716,993
Unearned revenue service contract	0	-
	7,275,126	11,705,607
Part IV - Line 70 Capital stock, trust principal or other current funds		
Common stock - class A	1,860,000	1,860,000
Common stock - class B	720,000	720,000
Common stock - class C	420,000	420,000
	3,000,000	3,000,000

College Insurance company
2003 Form 990
EIN: 02-0630294

STATEMENT #3 - List of Officers, Directors, Trustees, and Key Employee

Part V List of Officers, Directors, Trustees, and Key Employee

(A) Name, Addresses, Titles of Officers, Officers, Trustess, Etc.	(B) Time devoted weekly	(C) Compensation (D) Contributions to benefit plans (E) Expense account amounts
Mrs. Siri S. Gadbois E.I.I.A. 10 S. Riverside Plaza # 1844 Chicago, IL 60606-3800	President/Director 2hours	NONE
Mrs. Julie Boucher Marsh Management Services, Inc. 100 Bank St., Suite 610 Burlington, VT 05402-0530	Secretary/Director .5 hours	NONE
Mr. Stephen L. Garwood E.I.I.A. 10 S. Riverside Plaza # 1844 Chicago, IL 60606-3800	Treasurer/Director 2 hours	NONE
Ms. Mary Ellen Moriarty E.I.I.A. 10 S. Riverside Plaza # 1844 Chicago, IL 60606-3800	Assistant Secretary 2 hours	NONE
Mr. Lawrence Deger E.I.I.A. 10 S. Riverside Plaza # 1844 Chicago, IL 60606-3800	Assistant Treasurer 2 hours	NONE
Larry Osnes Hamline University MS-C1914 - 1536 Hewitt Ave. St. Paul, MN 55104-1284	Director 2 hours	NONE
Ken Browning Illinois Wesleyan University 1312 N. Park Bloomington, IL 61702-2900	Director .5 hours	NONE
John Pilgrim Millsaps College 1701 North State Street	Director .5 hours	NONE

Jackson, MS 39210-0001

College Insurance company
2002 Form 990
EIN: 02-0630294

STATEMENT #3 - List of Officers, Directors, Trustees, and Key Employee (cont.)

Part V List of Officers, Directors, Trustees, and Key Employee

David Hardy Evangelical Lutheran Church of America 8765 West Higgins Road Chicago, IL 60631	Director .5 hours	NONE
Don Aungst Capital University 2199 E. Main Street Columbus, OH 43209-2394	Director .5 hours	NONE
Miriam Pride Blackburn College 700 College Ave. Carlinville, IL 62626	Director .5 hours	NONE
Ana Windham Trinity University 715 Stadium Dr. San Antonio, TX 78212-7200	Director .5 hours	NONE
Jerome King Del Pino General Board of Higher Education & Ministry 1001 Nineteenth Ave., South Nashville, TN 37203-0007	Director .5 hours	NONE
Ken Yamada General Board of Higher Education & Ministry 1001 Nineteenth Ave., South Nashville, TN 37203-0007	Director .5 hours	NONE