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

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AMENDED RETURN

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 10-01 , 2007, and ending 09-30 , 20 08

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [X] Amended return
- [ ] Application pending

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

C Name of organization: ROCKFORD RESCUE MISSION MINISTRIES

Number and street (or PO box if mail is not delivered to street address): P.O. BOX 1958 — Room/suite:

City or town, state or country, and ZIP + 4: Rockford IL 61110-0458

D Employer identification number: 36-6132381

E Telephone number: (815) 965-5332

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).

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 [X] No

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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

I Group Exemption Number ▶

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,423,466

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

1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	2,648,377		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d			
e	Total (add lines 1a through 1d) (cash $ 2,376,038 noncash $ 272,339)			1e	2,648,377
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	530,722
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	34,315
5	Dividends and interest from securities			5	
6a	Gross rents	6a	7,241		
b	Less rental expenses	6b			
c	Net rental income or (loss) Subtract line 6b from line 6a			6c	7,241
7	Other investment income (describe ▶)			7	
8a	Gross amount from sales of assets other than inventory	(A) Securities: 8a	(B) Other: 602		
b	Less cost or other basis and sales expenses	8b	1,614		
c	Gain or (loss) (attach schedule)	8c	(1,012)		
d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	(1,012)
9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ [ ]		STM101		
a	Gross revenue (not including $ _____ of contributions reported on line 1b)	9a	193,596		
b	Less direct expenses other than fundraising expenses	9b	55,285		
c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	138,311
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	8,613
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	3,366,567
13	Program services (from line 44, column (B))			13	2,424,841
14	Management and general (from line 44, column (C))			14	94,683
15	Fundraising (from line 44, column (D))			15	460,443
16	Payments to affiliates (attach schedule)			16	
17	Total expenses. Add lines 16 and 44, column (A)			17	2,979,967
18	Excess or (deficit) for the year Subtract line 17 from line 12			18	386,600
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	5,487,152
20	Other changes in net assets or fund balances (attach explanation)			20	(227,786)
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	5,645,966

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. EEA Form 990 (2007)

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 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 a Grants paid from donor advised funds (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22a				
22 b Other grants and allocations (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23	STM107 81,844	81,844		
24 Benefits paid to or for members (attach schedule)	24				
25 a Compensation of current officers, directors, key employees, etc listed in Part VA	25a	66,873	33,437	16,718	16,718
b Compensation of former officers, directors, key employees, etc listed in Part VB	25b	(119,972)	6,500	(126,472)	
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	1,171,961	925,587	137,961	108,413
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	100,582	77,619	13,486	9,477
29 Payroll taxes	29	86,947	67,120	10,569	9,258
30 Professional fundraising fees	30	163,347			163,347
31 Accounting fees	31	25,245	6,483	11,612	7,150
32 Legal fees	32				
33 Supplies	33	4,850	3,973	533	344
34 Telephone	34	11,981	8,362	1,443	2,176
35 Postage and shipping	35	77,753	404	538	76,811
36 Occupancy	36	115,712	107,805	5,184	2,723
37 Equipment rental and maintenance	37	7,603	7,523	61	19
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	11,481	10,104	918	459
42 Depreciation, depletion, etc (attach schedule) STM108	42	166,610	156,767	5,851	3,992
43 Other expenses not covered above (itemize) STM167		437,978	437,978		
a STATEMENT 3	43a	569,172	493,335	16,281	59,556
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,979,967	2,424,841	94,683	460,443

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 $ 55,285 ; (ii) the amount allocated to Program services $ 16,400 ; (iii) the amount allocated to Management and general $ _____ ; and (iv) the amount allocated to Fundraising $ 38,885

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

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

What is the organization's primary exempt purpose? ▶ HOMELESS SHELTER

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	See STATEMENT 5	
	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	2,214,649
b	MISSION MART THRIFT STORES	
	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	437,978
c		
	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d		
	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e	Other program services (attach schedule)	
	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	2,652,627

Part IV Balance Sheets (See 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			780,312	45	1,042,441
	46 Savings and temporary cash investments			46,795	46	49,632
	47 a Accounts receivable	47a	62,193			
	b Less allowance for doubtful accounts	47b		110,790	47c	62,193
	48 a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51 a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use			253,047	52	220,759
	53 Prepaid expenses and deferred charges			42,709	53	38,577
	54 a Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
	b Investments - other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
	55 a Investments - land, buildings, and equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments - other (attach schedule)				56	
	57 a Land, buildings, and equipment basis	57a	6,580,317			
	b Less accumulated depreciation (attach schedule) STM116	57b	1,961,241	4,534,976	57c	4,619,076
	58 Other assets, including program-related investments (describe ▶ STM117)			14,029	58	8,998
	59 Total assets (must equal line 74) Add lines 45 through 58			5,782,658	59	6,041,676
Liabilities	60 Accounts payable and accrued expenses			134,270	60	149,049
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64 a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe ▶ STM121)			161,236	65	246,661
	66 Total liabilities. Add lines 60 through 65			295,506	66	395,710
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			5,481,326	67	5,634,636
	68 Temporarily restricted			5,826	68	11,330
	69 Permanently restricted			0	69	0
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)			5,487,152	73	5,645,966
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73			5,782,658	74	6,041,676

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

a	Total revenue, gains, and other support per audited financial statements			a	3,492,292
b	Amounts included on line a but not on Part I, line 12				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2	70,440		
3	Recoveries of prior year grants	b3			
4	Other (specify) Statement # 96	b4	55,285		
	Add lines b1 through b4			b	125,725
c	Subtract line b from line a			c	3,366,567
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines d1 and d2			d	
e	**Total revenue** (Part I, line 12) Add lines c and d ▶			e	3,366,567

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

a	Total expenses and losses per audited financial statements			a	3,333,478
b	Amounts included on line a but not on Part I, line 17				
1	Donated services and use of facilities	b1	70,440		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify). Statement # 97	b4	283,071		
	Add lines b1 through b4			b	353,511
c	Subtract line b from line a			c	2,979,967
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines d1 and d2			d	
e	**Total expenses** (Part I, line 17) Add lines c and d ▶			e	2,979,967

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an oficer, director, trustee, or key employee at any time during the year even if they were not compensated) (See 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 plans	(E) Expense account and other allowances
SEE ATTACHED				
	0	66,873	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part VA, or highest compensated employees listed in ScheduleA, Part I, or highest compensated professional and other independent contractors listed in ScheduleA, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part VA, or highest compensated employees listed in ScheduleA, Part I, or highest compensated professional and other independent contractors listed in ScheduleA, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization " ▶	75c		X
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE ATTACHMENT	0	0	6500	0

Part VI Other Information (See the instructions)

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	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	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	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 ▶ _____ and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct and indirect political expenditures (See line 81 instructions) 81a			
b	Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information (continued)

			Yes	No
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 70,440			
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	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	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			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
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		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b			
88a	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	88a		X
b	At any time during the year did the organization, directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		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 ▶ _____			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		
90a	List the states with which a copy of this return is filed ▶ IL			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 90b 57			
91a	The books are in care of ▶ % JAN DANAHER Telephone no. ▶ 815-965-5332			
	Located at ▶ 715 W STATE STREET ROCKFORD IL ZIP + 4 ▶ 61102-2203			
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)?	91b		X
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

		Yes	No
c	At any time during the calendar year did the organization maintain an office outside of the United States? 91c		X
	If "Yes," enter the name of the foreign country ▶		
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		

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

Note: Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a RESALE SHOPS					467,574
b RECYCLE OF BULK CLOTH					63,148
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments					34,315
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	2,100	5,141
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					(1,012)
101 Net income or (loss) from special events					138,311
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a SOFT DRINKS					6,739
b MISC RECEIPTS					1,874
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				2,100	716,090
105 Total (add line 104, columns (B), (D), and (E)) ▶					718,190

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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)
	STATEMENT 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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

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

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

Part XI **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13)

		Yes	No
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in efect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

Please Sign Here

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

Richard Fair — Signature of officer — 5/6/10 Date

Richard Fair, Chairman of the Board — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶ / Phone no ▶

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n) or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information -- (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the organization

ROCKFORD RESCUE MISSION MINISTRIES

Employer identification number

36-6132381

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
REV PATRICK CLINTON	DIR/MEN PROG			
2307 JONQUIL Rockford IL 61107	40	49,650	0	2,876
	COMM OUTREAC			
Total number of other employees paid over $50,000 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
GRIZZARD		
110 N MARYLAND AVE San Diego CA 92106	FUNDRAISING-MAIL	190,996
Total number of others receiving over $50,000 for professional services ▶ 1		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None " See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
RINGLAND-JOHNSON		
1725 HUNTWOOD DR Cherry Val IL 61016	CONSTRUCTION	277,515
Total number of other contractors receiving over $50,000 for other services ▶ 1		

Part III Statements About Activities (See page 2 of the instructions)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-BAND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
a	Sale, exchange, or leasing of property?	2a	X	
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
	See Part V-A, Form 990			
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		X
c	Did the organization make a distribution to a donor donor advisor, or related person?	4c		X
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ 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 charitable, etc , 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 51 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,429,846	2,450,624	2,673,101	2,627,427	10,180,998
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	551,355	550,902	664,158	823,531	2,589,946
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	16,981	4,404	5,958	182	27,525
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets	22,302	19,019	65,139	15,978	122,438
23 Total of lines 15 through 22	3,020,484	3,024,949	3,408,356	3,467,118	12,920,907
24 Line 23 minus line 17	2,469,129	2,474,047	2,744,198	2,643,587	10,330,961
25 Enter 1% of line 23	30,205	30,249	34,084	34,671	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶	26a	206,619
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶	26b	155,717
c Total support for section 509(a)(1) test Enter line 24, column (e) ▶	26c	10,330,961
d Add Amounts from column (e) for lines 18 27,525 19 ____ 22 122,438 26b 155,717 ▶	26d	305,680
e Public support (line 26c minus line 26d total) ▶	26e	10,025,281
f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶	26f	97.04%

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year.

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ ▶	27c		
d Add Line 27a total ____ and line 27b total ____ ▶	27d		
e Public support (line 27c total minus line 27d total) ▶	27e		
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f 0			
g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶	27g	%	
h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶	27h	%	

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 9 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) NA

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ▶ a | if the organization belongs to an affiliated group Check ▶ b | if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

			(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table-			
	If the amount on line 40 is- / The lobbying nontaxable amount is-			
	Not over $500,000 / 20% of the amount on line 40			
	Over $500,000 but not over $1,000,000 / $100,000 plus 15% of the excess over $500,000			
	Over $1,000,000 but not over $1,500,000 / $175,000 plus 10% of the excess over $1,000,000	41		
	Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
	Over $17,000,000 / $1,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period (a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			0
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

			Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of			
	(i) Cash	51a(i)		X
	(ii) Other assets	a(ii)		X
b	Other transactions			
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
	(iii) Rental of facilities, equipment, or other assets	b(iii)		X
	(iv) Reimbursement arrangements	b(iv)		X
	(v) Loans or loan guarantees	b(v)		X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

ROCKFORD RESCUE MISSION MINISTRIES
36-6132381

FORM 990 2007-8 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C.) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BUILDING MAINT	73,950	69,377	2,755	1,818
DONATED FOOD, CLOTHES HOUSEWARES	320,487	320,487		
EDUCATION/AWARENESS	11,733	9,936	381	1,416
INSURANCE	47,061	38,899	5,143	3,019
MISCELLANEOUS	180	167	0	13
OFFICE SUPPLIES & SERVICE	10,146	4,572	3,501	2,073
OTHER EMPLOYEE EXP	4,209		4,209	
PROMOTION, PUBLICATIONS	90,272	40,583		49,689
R/E TAXES	-1,855	-1,855		
VEHICLE OPERATIONS	8,910	7,090	292	1,528
VOLUNTEER OPERATIONS	4,079	4,079		
TOTAL TO FM 990, LN 43	569,172	493,335	16,281	59,556

STATEMENT 5 36-6132381

ROCKFORD RESCUE MISSION

STATEMENT OF MINISTRIES
OCTOBER 2007-SEPTEMBER 2008

The Mission's Key Ministries are providing the area's primary 24-hour men's emergency shelter; inviting the needy to three meals a day; operating long-term residential life recovery programs for men and women; providing educational, job readiness training, and medical and dental services for program residents; and communicating the Gospel of Jesus Christ without government restriction. All services are free.

Spiritual Transformation through breaking destructive lifestyles by introducing people to Jesus Christ as Savior & Lord. Spiritual responses recorded were *1,658*. Held nightly required chapels and the staff conducted *6,053* counseling/case management sessions in one-on-one efforts to assist people toward personal & spiritual wholeness.

Lodging averaged *one hundred thirteen* people a night for *41,091* total nights of lodging

Meals: Food service provided meals three times each day for a total of *124,961* served.

Crisis Services: Men's Crisis served *1,118* different men; Employment secured: *158*; Stable Housing secured: *248*

Life Recovery Services: Men's & Women's Life Recovery served *120* men and women. Education: *92* assessments were given, *three* received a GED & *nine* enrolled in further education/job training. Career Employment enrolled *25*. Medical, Chiropractic and Dental sessions, *1,051*.

Volunteer Services: Recorded hours totaled *27,175* hours during *9,373* occasions by *4,669* individuals & *624* groups.

Mission Mart Thrift Store: The community gave *8,760* donations of clothing items, household goods, etc. to meet the needs of Mission guests with the remainder being sold to raise operating funds. The retail outlet provided work readiness training for recovery residents.

Funding was received through financial gifts, in-kind donations (clothing, food & professional services) and volunteer services from individuals, churches, organizations, businesses and corporations. The operating budget was *$3.8 million*.

We know love by this, that Jesus Christ laid down His life for us; and we ought to lay down our lives for the brethren. But whoever has the world's goods, and beholds his brother in need and closes his heart against him, how does the love of God abide in him? *I John 3:16, 17*

ROCKFORD RESCUE MISSION MINISTRIES
36-6132381

Form 990 - 2007-8 | BALANCE SHEET OTHER LIABILITIES | STATEMENT 7

DESCRIPTION	BEGINNING OF YEAR	SEPT 30, 2008
FUNDS HELD FOR RESIDENTS	5,714	44
ACCRUED LONG-TERM COMPENSATION	155,522	246,617
TOTAL TO FORM 990, PART IV, LINE 65	161,236	246,661

FORM 990 2007-8 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 9

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	Sales of donated household goods at resale shop
93B	Donated personal/household items sold as recycle or bulk materials
97B	Revenue from program participants in transition to independent living.
103A	Refreshment to program participants, volunteers, staff
103B	Revenue from sale of scrap materials, donated vehicles, etc used to cover general costs of ministry to homeless & hurting people.

Name(s) as shown on return: ROCKFORD RESCUE MISSION MINISTRIES

FEIN: 36-6132381

Statement #96

FORM 990, SCH FOR PART IV-A, LINE b(4)
OTHER REVENUES INCLUDED SCHEDULE

Description	Amount
COST OF FUNDRAISING SPECIAL EVENTS	55,285
TOTAL	55,285

PG 01
Statement #97

FORM 990, SCH FOR PART IV-B, LINE b(4)
OTHER EXPENSES INCLUDED SCHEDULE

Description	Amount
COST OF FUNDRAISING SPECIAL EVENTS	55,285
TOTAL	55,285

PG 02
Statement #97

FORM 990, SCH FOR PART IV-B, LINE b(4)
OTHER EXPENSES INCLUDED SCHEDULE

Description	Amount
Deferred Compensation	227,786
TOTAL	227,786

PG 01
Statement #107

FORM 990, SCH FOR PART II, LINE 23
INDIVIDUAL ASSISTANCE SCHEDULE

Description	Total	Program Services
STATEMENT 2	81,844	81,844
TOTAL	81,844	81,844

Name(s) as shown on return: ROCKFORD RESCUE MISSION MINISTRIES

FEIN: 36-6132381

FORM 990, SCH FOR PART II, LINE 42 — Statement #108

DEPRECIATION AND DEPLETION SCHEDULE

Description	Total	Program Services	Management & General	Fundraising
	166,610	156,767	5,851	3,992
TOTAL	166,610	156,767	5,851	3,992

PG 01

FORM 990, SCH FOR PART IV, LINE 57 — Statement #116

LAND ETC. SCHEDULE

Category or Item	Basis	Accumulated Depreciation	End of Year
LAND, BLDGS, EQUIP	6,580,317	1,961,241	4,619,076
TOTAL	6,580,317	1,961,241	4,619,076

PG 01

FORM 990, SCH FOR PART IV, LINE 58 — Statement #117

OTHER ASSETS SCHEDULE 2

Description	Beginning of year	End of year
GIFT CARDS, DEPOSITS	14,029	8,998
TOTAL	14,029	8,998

Name(s) as shown on return: ROCKFORD RESCUE MISSION MINISTRIES

FEIN: 36-6132381

FORM 990, SCH FOR PART IV, LINE 65
OTHER LIABILITIES SCHEDULE 2

Statement #121

Description	Beginning of year	End of year
STATEMENT 7	161,236	246,661
TOTAL	161,236	246,661

PG01

990 PART II, LINE 43
OTHER EXPENSES (OVERFLOW)

Statement #167

Description	Total	Program Services	Management & General	Fundraising
STATEMENT 4	437,978	437,978		
TOTAL	437,978	437,978		

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

ROCKFORD RESCUE MISSION MINISTRIES

Your Social Security Number

36-6132381

FORM 990, PART I, LINE 9 SPECIAL EVENTS SCHEDULE

Statement #101

Event	Gross Receipts	Contributions	Gross Revenue	Direct Expenses	Net Income
	193,596		193,596	55,285	138,311
TOTAL	193,596		193,596	55,285	138,311

STM~ LD

Name(s) as shown on return: ROCKFORD RESCUE MISSION MINISTRIES

FEIN: 36-6132381

Form 990 - Part II Line 23 Specific

Description	Amount
EDUCATION, AND RECREATION	$ 81,844
Total:	**$ 81,844**

PURPOSE OF AMENDED RETURN

ROCKFORD RESCUE MISSION MINISTRIES 36-6132381

STATEMENT 5

Page 6, Part V-B, List of Former Officers, Directors and Trustees That Received Compensation

(A)	(B)	(C)		(D)		(D)	(E)
Name & Address	Title and Avg Hrs per Wk	Compensation		Liability for Future Principal Payments on Unfunded Deferred Compensation Plan to Former Officers		Contributions to Employee Benefit Plans	Expense Act and Other Allowance
		As Incorrectly Originally Reported	As Corrected Per This Report	At Beginning Of Year	As of End Of Year		
Gerald Pitney 3108 Cutty Sark Road Cherry Valley, IL 61016	Director Emeritus	$234,286 see below	$ 6,500	$ -	$ 246,617	-0-	-0-
Nadine Pitney 3108 Cutty Sark Road Cherry Valley, IL 61016	Retired Co-Founder	$(126,472)	$(126,472)	cancelled due to her death $ 155,522	$ -		
		$234,286	$ 6,500	$ 155,522	$ 246,617		

X Retirement

Payments made during the fiscal year $ 6,500

Note Mr Pitney and his wife Nadine Pitney co-founded this organization in 1963 along with Ray Stewart of the renowned Pacific Garden Mission in Chicago, Illinois The Pitneys worked 365 days a year until failing health forced them into retirement

Mr Pitney retired as a result of Parkinson's Disease before his wife Nadine retired His retirement pay was set low because at that time he was receiving a modest retirement from a personally funded retirement fund from a Baptist ministers' organization and having a higher retirement from the Mission would have invalidated eligibility to receive the payments from that Baptist organization Furthermore, Nadine was receiving a salary commensurate with her duties as a full-time Director of the Women's Programs A liability was set up in the accounting records to reflect the present value of the future payments based upon Mr Pitney's anticipated remaining life in accordance with IRS guidelines and tables

Nadine later retired and she was granted an unfunded retirement plan based upon her years of service and salary level A liability was set up in the accounting records to reflect the present value of the future payments based upon Mrs Pitney's anticipated remaining life in accordance with IRS guidelines and tables

Following the death of Nadine, Gerald Pitney approached the Board of Directors and requested assistance in meeting his monthly financial obligations having lost his wife and her deferred compensation from the Mission and her Social Security benefits After careful financial study, a revised deferred compensation amounts was determined and approved by the Board of Directors to provide him with an equivalent monthly deferred compensation payment that would meet his needs and was less than what the couple received from the Mission and Social Security prior to Nadine's death An accounting entry was made to remove the balance on Nadine's deferred compensation liability that cease upon her her death

STATEMENT 5

Page 6, Part V-B, List of Former Officers, Directors and Trustees That Received Compensation

(A)	(B)	(C)		(D)		(D)	(E)
Name & Address	Title and Avg Hrs per Wk	Compensation		Liability for Future Principal Payments on Unfunded Deferred Compensation Plan to Former Officers		Contributions to Employee Benefit Plans	Expense Act and Other Allowance
		As Incorrectly Originally Reported	As Corrected Per This Report	At Beginning Of Year	As of End Of Year		
Gerald Pitney 3108 Cutty Sark Road Cherry Valley, IL 61016	Director Emeritus	$234,286 see below	$ 6,500	$ -	$ 246,617	-0-	-0-
Nadine Pitney 3108 Cutty Sark Road Cherry Valley, IL 61016	Retired Co-Founder	$(126,472)	$(126,472)	cancelled due to her death $ 155,522	$ -		
		$234,286	$ 6,500	$ 155,522	$ 246,617		

X Retirement

Payments made during the fiscal year $ 6,500

Note Mr Pitney and his wife Nadine Pitney co-founded this organization in 1963 along with Ray Stewart of the renowned Pacific Garden Mission in Chicago, Illinois The Pitneys worked 365 days a year until failing health forced them into retirement

Mr Pitney retired as a result of Parkinson's Disease before his wife Nadine retired His retirement pay was set low because at that time he was receiving a modest retirement from a personally funded retirement fund from a Baptist ministers' organization and having a higher retirement from the Mission would have invalidated eligibility to receive the payments from that Baptist organization Furthermore, Nadine was receiving a salary commensurate with her duties as a full-time Director of the Women's Programs A liability was set up in the accounting records to reflect the present value of the future payments based upon Mr Pitney's anticipated remaining life in accordance with IRS guidelines and tables

Nadine later retired and she was granted an unfunded retirement plan based upon her years of service and salary level A liability was set up in the accounting records to reflect the present value of the future payments based upon Mrs Pitney's anticipated remaining life in accordance with IRS guidelines and tables

Following the death of Nadine, Gerald Pitney approached the Board of Directors and requested assistance in meeting his monthly financial obligations having lost his wife and her deferred compensation from the Mission and her Social Security benefits After careful financial study, a revised deferred compensation amounts was determined and approved by the Board of Directors to provide him with an equivalent monthly deferred compensation payment that would meet his needs and was less than what the couple received from the Mission and Social Security prior to Nadine's death An accounting entry was made to remove the balance on Nadine's deferred compensation liability that cease upon her her death

ROCKFORD RESCUE MISSION 36-6132381

2008 Board of Directors

Page 5, Part V-A

RICHARD FARB, Chairman *(Beth)* 1788 Sweetbnar Lane Rockford, IL 61107 Business Owner: Pillar to Post **(H) 636-2001 (W) 636-2001** **(F) 713-3516 (C) 509-5759** **E-mail:** pillarpost@comcast.net	**GLENN MILLER** *(Anita)* 7120 Windsor Lake Parkway Loves Park, IL 61111 Firm Owner: Glenn Miller, CPA, P.C. **(H) 623-3893 (W) 282-0411** **(F) 282-4711 (C) 621-0071** **E-mail:** glenncpafish@aol.com
DAVID M. KOCH, Treasurer *(Judith)* 10504 Ventura Blvd. Machesney Park, IL 61115 CPA; Business Owner: Culver Restaurants (4) **(H) 636-0701 (W) 316-2307** **(F) 226-8890 (C) 494-3523** **E-Mail:** dkoch@production-tool.com	**MICHAEL RANGER** *(Nancy)* 7307 N. Alpine Rd, Suite A Loves Park, IL 61111 Financial Advisor/Senior Partner LR Financial Services, LLC **(H) 395-0596 (W) 877-4722** **(F) 877-4733 (C) 703-5072** **E-Mail:** michael@lrfinancial.com
GAYLENE SEARS, Secretary *(Dan)* 5132 Minns Drive Machesney Park, IL 61115 Homemaker/Substitute Teacher **(H) 636-2439 (W) 636-2439** **(C) 742-4050** **E-Mail:** dsears0717@aol.com	**BRYAN G. SELANDER** *(Jan)* 4023 Charles Street Rockford, IL 61108 Attorney: Viking Chemical & Schlueter Ecklund **(H) 282-7098 (W) 397-0500** **(F) 229-0733 (C)494-0789** **E-mail:** bselander@gmail.com
ANN DITTMAR *(Ed Maher)* 7480 Briarcliff Drive Roscoe, IL 61073 Attorney: McGreevy Williams, P.C. **(H) 623-7678 (W) 639-3700** **(F) 639-9400 (C)979-8344** **E-mail:** adittmar@miwpc.com	**T. BRUCE WATSON** *(Mary)* 10295 Horseshoe Close Belvidere, IL 61008 Claims Manager: Cincinnati Insurance Company **(H) 885-1122 (W) 885-4908** **(F) 888-238-1583 (C) 218-0388** **E-mail:** bruce_watson@cinfin.com
LARRY JOHNSON *(Beth)* 3360 Twin Ridge Lane Rockford, IL 61109 Retired Business Owner: L/J Fabricators **(H) 874-9651 (W) 397-9099** **(F) 397-7858 (C) 979-6240** **E-mail:** ljohnson@ljfabricators.com	

ROCKFORD RESCUE MISSION MINISTRIES
FORM 990
OCTOBER 2007 - SEPTEMBER 2008
36-6132381

Page 5, Part V, List of Officers, Directors and Trustees:

(A)	(B)	(C)		(D)	(E)
Name & Address	Title and Avg. Hrs. per Wk	Compensation		Contributions to Employee Benefit Plans	Expense Act and Other Allowance
Cheryl Pitney 715 West State Street Rockford, IL 61102	Executive Director	$66,873	*	-0-	-0-
		$66,873			

* Salary

ROCKFORD RESCUE MISSION MINISTRIES 36-6132381

FORM 990 2007-8 CHANGES IN ASSETS OR FUND BALANCES LINE 20

DESCRIPTION	AMOUNT
EXPENSE RECOGNIZED PER GAAP ON AUDITED FINANCIAL STATEMENT FOR DEFERRED COMPENSATION LIABILITY, NOT RECOGNIZED ON FORM 990	-227,786
TOTAL TO FM 990, PART I, LINE 20	-227,786

Form **8868**
(Rev March 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time to File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	ROCKFORD RESCUE MISSION MINISTRIES	36-6132381
	Number, street, and room or suite no If a PO box, see instructions P.O. BOX 1958	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. Rockford IL 61110-0458	

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ JAN DANAHER

Telephone No ▶ 815-965-5332 FAX No ▶

- If the organization does not have an ofice or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05-15, 20 09, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year 20 ___ or

▶ [X] tax year beginning 10-01, 2007, and ending 09-30, 2008

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution: If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions