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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)

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

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2008****Open to Public Inspection**

**A** For the 2008 calendar year, or tax year beginning 7/1/2008, and ending 6/30/2009

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

**C** Name of organization ROCKFORD COLLEGE  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
5050 EAST STATE ST  
 City or town, state or country, and ZIP + 4  
ROCKFORD IL 61108

**D** Employer identification number 36-2167842

**E** Telephone number 815-226-4093

**G** Gross receipts \$ 29,035,349

**F** Name and address of principal officer  
CHRISTINA ANDERSON 5050 EAST STATE STREET, ROCKFORD, IL

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H(b)** Are all affiliates included? ☐ Yes ☒ No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status ☒ 501(c) ( 3 ) ◀ (Insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: V/WWW.ROCKFORD.EDU

**K** Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1842

**M** State of legal domicile IL

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities SEE PAGE 2, PART III FOR MISSION & VISION

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

**3** Number of voting members of the governing body (Part VI, line 1a) 3

**4** Number of independent voting members of the governing body (Part VI, line 1b) 3

**5** Total number of employees (Part V, line 2a) 72

**6** Total number of volunteers (estimate if necessary) 10

**7a** Total gross unrelated business revenue from Part VIII, line 12, column (C) 0

**b** Net unrelated business taxable income from Form 990-T, line 34 0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	2,542,479	2,311,227
<b>9</b> Program service revenue (Part VIII, line 2g)	25,069,480	25,839,589
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	299,912	65,281
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	691,501	230,252
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,603,372	29,035,349
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,193,846	8,560,277
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,570,406	11,250,311
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>251,446</u>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	10,463,381	9,220,375
<b>18</b> Total expenses—add lines 13–17 (must equal Part IX, column (A), line 25)	28,227,633	29,034,983
<b>19</b> Revenue less expenses—subtract line 18 from line 12	375,739	50,366
<b>20</b> Total assets (Part X, line 16)	22,384,004	20,427,444
<b>21</b> Total liabilities (Part X, line 26)	15,074,759	14,260,006
<b>22</b> Net assets or fund balances—subtract line 21 from line 20	7,309,245	6,167,438

**Part II Signature Block**

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.

*Christina J Anderson*  
 Signature of officer

Date

5/1/10

CHRISTINA J ANDERSON

VP OF BUSINESS &amp; CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN ▶  
Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

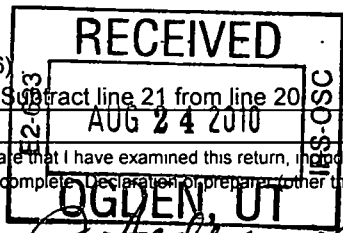
☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. (HTA)

Form 990 2008

916 ✓

SCANNED SEP 16 2010



**Part III** Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

TO EDUCATE MEN & WOMEN TO LEAD RESPONSIBLE LIVES BY MEANS OF A CURRICULUM GROUNDED  
IN LIBERAL ARTS LEARNING & COMPLEMENTED & EXTENDED BY PROFESSIONAL & PRACTICAL EXPERIENCE  
THROUGH THE TOTAL ACADEMIC & CO-CURRICULAR EXPERIENCE, RC STRIVES TO PREPARE STUDENTS  
FOR FULFILLING LIVES, CAREERS, & PARTICIPATION IN A MODERN & CHANGING GLOBAL SOCIETY

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 24,990,970 including grants of \$ 8,560,257 ) (Revenue \$ 25,588,504 )  
FOUR YEAR GRADUATE & UNDERGRADUATE COLLEGE IN ROCKFORD, IL

**4b** (Code: ) (Expenses \$ 1,284,671 including grants of \$ 0 ) (Revenue \$ 0 )  
OPERATIONS & MAINTENANCE OF PLANT FOR FOUR YEAR GRADUATE & UNDERGRADUATE COLLEGE

**4c** (Code: ) (Expenses \$ 835,788 including grants of \$ 0 ) (Revenue \$ 251,085 )  
AUXILIARY ENTERPRISES (RESIDENCE HALLS & DINING SERVICES)

**4d** Other program services. (Describe in Schedule O)

(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses ▶ \$ 27,111,429 (Must equal Part IX, Line 25, column (B) )

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.	1a	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	752
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
<b>4a</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)?	4a	X
<b>b</b>	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.	4b	
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?	6a	N/A
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	0
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders.	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
<b>1a</b> Enter the number of voting members of the governing body	<b>1a</b>	23
<b>b</b> Enter the number of voting members that are independent	<b>1b</b>	23
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?	<b>5</b>	X
<b>6</b> Does the organization have members or stockholders?	<b>6</b>	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<b>7a</b>	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<b>8a</b>	X
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	X
<b>9a</b> Does the organization have local chapters, branches, or affiliates?	<b>9a</b>	X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	<b>9b</b>	X
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990.	<b>10</b>	X
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	<b>11</b>	X

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13.	<b>12a</b>	X
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	X
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	<b>12c</b>	X
<b>13</b> Does the organization have a written whistleblower policy?	<b>13</b>	X
<b>14</b> Does the organization have a written document retention and destruction policy?	<b>14</b>	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b> The organization's CEO, Executive Director, or top management official?	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization? Describe the process in Schedule O (see instructions).	<b>15b</b>	X
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	X

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed: \_\_\_\_\_

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CHRISTINA J ANDERSON 815-394-4388  
ROCKFORD COLLEGE, ROCKFORD, IL 61108

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
R RAY WOOD CHAIRMAN OF THE BOARD OF TRUSTEES	1	X						0	0	0
PETER PROVIENZANO TREASURER OF THE BOARD OF TRUSTEES	1	X						0	0	0
JANE THOMAS SECRETARY OF THE BOARD OF TRUSTEES	1	X						0	0	0
DAVID RYDELL VICE CHAIRMAN OF THE BOARD OF TRUSTEES	1	X						0	0	0
CHARLES BOCK TRUSTEE	1	X						0	0	0
JAMES WHITEHEAD TRUSTEE	1	X						0	0	0
CHARLES COLEMAN TRUSTEE	1	X						0	0	0
ROBERT EVANS FACULTY TRUSTEE	1	X						0	0	0
DAWN HALLSTEN TRUSTEE	1	X						0	0	0
HELEN HILL TRUSTEE	1	X						0	0	0
CHARLES HOWARD TRUSTEE	1	X						0	0	0
TERRY INGRASSIA TRUSTEE	1	X						0	0	0
JAMES KEELING TRUSTEE	1	X						0	0	0
DENNIS JOHNSON TRUSTEE	1	X						0	0	0
SUSAN WHEELER JOHNSTON TRUSTEE	1	X						0	0	0
JAMES PETERSON TRUSTEE	1	X						0	0	0
JONATHAN WHITLOCK TRUSTEE	1	X						0	0	0



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUNIL PURI TRUSTEE	1	X						0	0	0
FRANK WALTER TRUSTEE	1	X						0	0	0
RICHARD SCHILLING TRUSTEE	1	X						0	0	0
LOUISE SINCLAIRE TRUSTEE	1	X						0	0	0
BARBARA TANAGLIA TRUSTEE	1	X						0	0	0
MARCI JUMISKO ALUMNI TRUSTEE	1	X						0	0	0
STEPHANIE QUINN EXECUTIVE VP OF ACADEMICS	40			X				148,766	0	5,818
CHRISTINA ANDERSON VP OF BUSINESS & CFO	40			X				100,434	0	3,520
JOHN MCNAMARA VP OF DEVELOPMENT	40			X				87,130	0	5,804
JENNIFER NORDSTROM ASSOC VP OF ADMISSION	40			X				76,576	0	1,221
ROBERT HEAD PRESIDENT	40			X				144,632	0	13,296
	0							0	0	0
	0							0	0	0
<b>1b Total</b>								<b>557,538</b>	<b>0</b>	<b>33,161</b>

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **3**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK SERVICEMA 2300 WARRENVILLE RD DOWNERS GROVE	OPERATIONS & MAINTENANCE	865,743
STAFF MANAGEMENT 5919 SPRING CREEK RD ROCKFORD IL 611	HR & PAYROLL	136,754
		0
		0

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **2**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under section 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns	<b>1a</b>	0			
	<b>b</b>	Membership dues	<b>1b</b>	0			
	<b>c</b>	Fundraising events	<b>1c</b>	0			
	<b>d</b>	Related organizations	<b>1d</b>	0			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	0			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,311,227			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$		0			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		2,311,227			
<b>Program Service Revenue</b>	<b>2a</b>	STUDENT TUITION & FEES	Business Code 611600	25,588,504	25,588,504		
	<b>b</b>	AUXILIARY ENTERPRISES	611710	251,085	251,085		
	<b>c</b>			0			
	<b>d</b>			0			
	<b>e</b>			0			
	<b>f</b>	All other program service revenue		0			
	<b>g</b>	<b>Total.</b> Add lines 2a-2f		25,839,589			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		654,281			654,281
	<b>4</b>	Income from investment of tax-exempt bond proceeds		0			
	<b>5</b>	Royalties		0			
	<b>6a</b>	Gross Rents	(i) Real (ii) Personal				
	<b>b</b>	Less: rental expenses					
	<b>c</b>	Rental income or (loss)	0 0				
	<b>d</b>	Net rental income or (loss)		0			
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses					
	<b>c</b>	Gain or (loss)	0 0				
	<b>d</b>	Net gain or (loss)		0			
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18					
	<b>a</b>		0				
	<b>b</b>	Less: direct expenses	0				
	<b>c</b>	Net income or (loss) from fundraising events		0			
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19					
	<b>a</b>		0				
<b>b</b>	Less: direct expenses	0					
<b>c</b>	Net income or (loss) from gaming activities		0				
<b>10a</b>	Gross sales of inventory, less returns and allowances						
<b>a</b>		0					
<b>b</b>	Less: cost of goods sold	0					
<b>c</b>	Net income or (loss) from sales of inventory		0				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>	MISCELLANEOUS REVENUE	900099	280,262			280,262	
<b>b</b>			0				
<b>c</b>			0				
<b>d</b>	All other revenue		0				
<b>e</b>	<b>Total.</b> Add lines 11a-11d		280,262				
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		29,085,359	25,839,589	0	3,245,770	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	8,560,257	8,560,257		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	752,450	255,413	393,381	103,656
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	8,857,147	8,494,385	258,952	103,810
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	85,799	79,949	3,790	2,060
9	Other employee benefits	898,531	865,705	24,024	8,802
10	Payroll taxes	660,424	634,070	19,034	7,320
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	95,868	0	95,868	0
c	Accounting	86,150	0	86,150	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	987,443	978,062	4,641	4,740
12	Advertising and promotion	296,603	293,785	1,394	1,424
13	Office expenses	436,989	432,837	2,054	2,098
14	Information technology	151,799	150,357	713	729
15	Royalties	0	0	0	0
16	Occupancy	86,047	85,230	404	413
17	Travel	131,364	130,116	617	631
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	19,983	19,793	94	96
20	Interest	379,611	379,611	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	1,306,609	1,306,609	0	0
23	Insurance	181,492	179,768	853	871
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	UTILITIES	998,711	989,223	4,694	4,794
b	FOOD SERVICE	835,788	835,788	0	0
c	BAD DEBTS EXPENSE	280,555	0	280,555	0
d	TEMPORARY LABOR	276,541	273,914	1,300	1,327
e	SUBSCRIPTIONS, DUES, MEMBERSHIPS	256,538	254,101	1,206	1,231
f	All other expenses ALL OTHERS	2,412,284	1,912,456	492,384	7,444
25	<b>Total functional expenses.</b> Add lines 1 through 24f	29,034,983	27,111,429	1,672,108	251,446
26	<b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing	648,964	1	409,025
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	477,894	3	392,919
	4 Accounts receivable, net	961,537	4	975,793
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	3,844,481	7	3,579,878
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	156,561	9	161,964
	10a Land, buildings, and equipment, cost basis	44,570,557		
	b Less accumulated depreciation. Complete Part VI of Schedule D	36,238,549		
		8,239,098	10c	8,332,008
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	2,206,885	12	2,075,589
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	5,848,584	15	4,494,288	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	22,384,004	16	20,421,464	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	1,534,657	17	1,363,344
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	1,775,000	20	1,555,000
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	343,084	22	258,644
	23 Secured mortgages and notes payable to unrelated third parties	4,666,314	23	4,746,169
	24 Unsecured notes and loans payable	0	24	15,000
	25 Other liabilities. Complete Part X of Schedule D	6,755,704	25	6,330,889
	26 <b>Total liabilities.</b> Add lines 17 through 25	15,074,759	26	14,269,046
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	-14,964,667	27	-16,780,230
	28 Temporarily restricted net assets	13,165,101	28	13,681,121
	29 Permanently restricted net assets	9,108,811	29	9,251,527
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	7,309,245	33	6,152,418
34 <b>Total liabilities and net assets/fund balances</b>	22,384,004	34	20,421,464	

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

ROCKFORD COLLEGE

Employer identification number

36-2167842

**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: (Please check only one organization.)

- 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).** (Attach Schedule H.)
- 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).** (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

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

**h** Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
<b>Total</b>									0

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants").	0	0	0			0
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	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
<b>4 Total.</b> Add lines 1-3.	0	0	0	0	0	0
<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.						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4.	0	0	0	0	0	0
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0	0	0			0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.						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
<b>11 Total support.</b> Add lines 7 through 10.						0

**12** Gross receipts from related activities, etc. (see instructions) **12****13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	<b>14</b>	0.00%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f.	<b>15</b>	0.00%

**16a 33 1/3% support test-2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐**b 33 1/3% support test-2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐**17a 10%-facts-and-circumstances-test-2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐**b 10%-facts-and-circumstances test-2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► ☐

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0	0			0
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0			0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
<b>6 Total.</b> Add lines 1-5	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).	0	0	0			0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						0
<b>14 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>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	0.00%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	0.00%

- 19a 33 1/3% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- b 33 1/3% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

**Part IV**

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



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

ROCKFORD COLLEGE

Employer identification number

36-2167842

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs  
**b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_  
**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	0

**2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

**b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10

**1a** Beginning of year balance

**b** Contributions

**c** Investment earnings or losses

**d** Grants or scholarships

**e** Other expenditures for facilities and programs

**f** Administrative expenses

**g** End of year balance

(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
2,014,282				
-123,677				
1,890,605				

**2** Provide the estimated percentage of the year end balance held as

**a** Board designated or quasi-endowment ☐ %

**b** Permanent endowment ☐ 100%

**c** Term endowment ☐ %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land	0	2,488,253		2,488,253
<b>b</b> Buildings	0	40,989,900	36,238,549	4,751,351
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	0	0	0	0
<b>e</b> Other	0	1,092,404	0	1,092,404
<b>Total.</b> Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				8,332,008

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products	0	
Closely-held equity interests	0	
Other ENDOWMENT INVESTMENTS	1,890,605	F
INVESTMENTS	184,984	F
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 12.)	2,075,589	

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
<b>Total</b> (Column (b) should equal Form 990, Part X, col. (B) line 13)	0	

(a) Description	(b) Book value
IRREVOCA BLE TRUST RECEIVABLE	4,494,288
	0
	0
	0
	0
	0
	0
	0
	0
	0
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 15).	4,494,288

(a) Description of liability	(b) Amount
Federal income taxes	0
See attached statement	6,330,889
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
<b>Total</b> (Column (b) should equal Form 990, Part X, col. (B) line 25)	<b>6,330,889</b>

Schedule D (Form 990) 2018

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	29,085,359
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	29,034,983
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	50,376
4	Net unrealized gains (losses) on investments	4	-1,207,203
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-1,207,203
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,156,827

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	19,317,859
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,207,203
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-1,207,203
3	Subtract line 2e from line 1	3	20,525,102
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	8,560,257
c	Add lines 4a and 4b	4c	8,560,257
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	29,085,359

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	20,474,726
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	20,474,726
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	8,560,257
c	Add lines 4a and 4b	4c	8,560,257
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	29,034,983

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Part XII Line 4B INSTITUTIONAL AID NETTED AGAINST REVENUES ON AUDITED FINANCIAL STATEMENTS

Part XII Line 4B BUT LISTED AS AN EXPENSE ON FORM 990

Part V Line 4 THE ENDOWMENT FUNDS WILL BE USED FOR WHATEVER PURPOSE

**Part XIV** **Supplemental Information** *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Schools**

- To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.  
► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

ROCKFORD COLLEGE

Employer identification number

36-2167842

	YES	NO
1 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?	X	
2 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?	X	
3 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? If "Yes," please describe. If "No," please explain. RC IS COMMITTED TO PROVIDING EQUAL OPPORTUNITY & AN EDUCATIONAL & WORK ENVIRONMENT FOR ITS STUDENTS, FACULTY & STAFF FREE FROM ANY DISCRIMINATION BASED ON RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, SEXUAL ORIENTATION, ANCESTRY, AGE, MARITAL STATUS, PHYSICAL OR MENTAL DISABILITY, OR STATUS AS A DISABLED VETERAN OR VETERAN OF THE VIETNAM WAR. (SEE APPLICATION ON OUR WEBSITE FOR A MORE LENGTHY DESCRIPTION)	X	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	X	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		X
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement		X
7 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	X	

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990

Name of the organization

Employer identification number

ROCKFORD COLLEGE

36-2167842

## Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

- |   |  |
|---|--|
| 2 | Enter total number of section 501(c)(3) and government organizations |
| 3 | Enter total number of other organizations                            |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
----------	--

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

Part | Line 2 SCHOLARSHIPS ARE MONITORED BY OUR STUDENT ADMINISTRATIVE

SERVICES DEPARTMENT FOR PROPER USE & AWARDED ALL GRANT &

SCHOLARSHIP REQUIREMENTS ARE FOLLOWED & DOCUMENTED IN THE SAS.

-----  
OFFICE RECORDS



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

- ▶ **Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

ROCKFORD COLLEGE

Employer identification number

36-2167842

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

- b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?  
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.**

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?  
**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?  
**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
(HTA)

Schedule J (Form 990) 2008



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b

OMB No 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization

ROCKFORD COLLEGE

Employer identification number

36-2167842

**Part I**

**Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

**Part II**

**Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
CHUCK HOWARD CASH FLOW FOR OPE	X		225,000	50,000		X	X		X	
PETER PROVENZANO CASH FLOW FOR	X		250,000	173,644		X	X		X	
TERRY INGRASSIA CASH FLOW FOR OF	X		50,000	35,000		X	X		X	
			0	0						
			0	0						
			0	0						
<b>Total</b>				▶ \$ 258,644						

**Part III**

**Grants or Assistance Benefitting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV**

**Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing or organization's revenues?	
				Yes	No
		0			
		0			
		0			
		0			
		0			
		0			

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990**

- ▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

ROCKFORD COLLEGE

Employer identification number  
36-2167842

Form 990 Part VI Section A Line 2 SEVERAL OF OUR BOARD TRUSTEES HAVE BUSINESS RELATIONSHIPS

WITH EACH OTHER LOCALLY

Form 990 Part VI Section B Line 12C CONFLICT OF INTEREST STATEMENTS ARE SIGNED ANNUALLY BY ALL BOARD

TRUSTEES, OFFICERS, AND KEY EMPLOYEES AS OF MAY 2010, AN OFFICIAL

CONFLICT OF INTEREST POLICY MAKING THIS AN ANNUAL REQUIREMENT HAS

BEEN ADOPTED

Form 990 Part VI Section B Line 15 A-B ALL EMPLOYEE SALARIES ARE REVIEWED BY THE BOARD OF TRUSTEES

AD-HOC HUMAN RESOURCES COMMITTEE ALL EXECUTIVE SALARIES ARE

APPROVED BY THE BOARD OF TRUSTEES. ALL EMPLOYEE SALARIES ARE

COMPARED AGAINST INDUSTRY AVERAGES PER THE CUPA SURVEY DATA

Form 990 Part VI Section B Line 19 ALL OF THE COLLEGE'S OFFICIAL DOCUMENTS AND POLICIES ARE AVAILABLE

UPON REQUEST TO THE PUBLIC, AND MANY ARE POSTED ON OUR WEBSITE

Form 990 Part X Line 12 INCLUDES INVESTMENTS OF \$184,984 & ENDOWMENTS OF \$1,890,605

Form 990 Part XI Line 2C NO CHANGES FROM PRIOR YEAR - AUDIT COMMITTEE, FINANCE COMMITTEE,

& FULL BOARD OF TRUSTEES REVIEWS ANNUAL AUDIT REPORT

Form 990 Part VI Section A Line 10 THE 990 IS REVIEWED BY OUR FINANCE COMMITTEE OF THE BOARD OF

TRUSTEES IN DETAIL, AND APPROVED BY THE FULL BOARD OF TRUSTEES

UPON RECOMMENDATION FROM THE FINANCE COMMITTEE.

**Part VII, Section B, Line 1 (990) - Highest Compensated Independent Contractors**

	Contractor's Name	Check if Business	Street Address	City	State	Zip Code	Foreign Country :
1	STAFF MANAGEMENT	X	5919 SPRING CREEK RD	ROCKFORD	IL	61114	
2	ARAMARK SERVICEMASTER	X	2300 WARRENVILLE RD	DOWNERS GROVE	IL	60515	
3							
4							
5							
6							
7							
8							
9							
10							

1,002,497

Description of Services	Compensation	Explanation
HR & PAYROLL	136,754	
OPERATIONS & MAINTENANCE	865,743	

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash		Non Cash
1 Federated Campaigns		1	
2 Membership dues		2	
3 Fundraising events		3	
4 Related organizations		4	
5 Government grants (contributions)		5	
6 All other contributions, gifts, grants, and similar amounts not included above			
DIRECT PUBLIC SUPPORT	2,311,227		
Other contributions total	2,311,227	6	0
7 Total	2,311,227	7	0



**Part IX, Line 22 (990) - Depreciation, Depletion, etc.**

		1,306,609	1,306,609	0	0
		(A)	(B)	(C)	(D)
		Total	Program	Management	Fundraising
Description			services	and general	
1	DEPRECIATION OF ALL FIXED ASSETS	1,306,609	1,306,609		
2		0			
3		0			
4		0			
5		0			
6		0			
7		0			
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

**Part X, Line 3 (990) - Pledges and Grants Receivable**

		Pledges and grants receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1					
2	PROMISES TO CONTRIBUTE	683,483	580,292	205,589	187,373
3					
4					
5					
6					
7					
8					
9					
10					
11					
12	Total pledges and grants receivable	683,483	580,292	205,589	187,373

**Part X, Line 4 (990) - Accounts Receivable**

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	NOTES & ACCTS REC	1,535,923	1,686,752	574,386	710,959
2					
3					
4					
5					
6					
7					
8					
9					
10					
11	Total accounts receivable	1,535,923	1,686,752	574,386	710,959



[illegible]

## Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

		44,570,557	34,727,003	36,238,549	0	8,239,098	8,332,008
Category or Item		Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
1	LAND & IMPROVEMENTS	2,473,307	0	0		2,473,307	2,473,307
2	BUILDINGS & EQUIPMENT	39,550,390	34,727,003	36,238,549		4,823,387	3,311,841
3	ARTWORK	942,404	0	0		942,404	942,404
4	NEW ARTWORK IN FY09	150,000	0	0		0	150,000
5	NEW LAND IMPROVEMENTS IN FY09	14,946	0	0		0	14,946
6	NEW BLDGS & EQUIPMENT IN FY09	1,439,510	0	0		0	1,439,510
7		0	0	0		0	0
8		0	0	0		0	0
9		0	0	0		0	0
10		0	0	0		0	0
11		0	0	0		0	0
12		0	0	0		0	0
13		0	0	0		0	0
14		0	0	0		0	0
15		0	0	0		0	0
16		0	0	0		0	0
17		0	0	0		0	0
18		0	0	0		0	0
19		0	0	0		0	0
20		0	0	0		0	0

Part X, Lines 11 and 12 (990) - Investments - Securities

Check one box below to indicate how securities are reported

- ☐ Cost
- ☒ End of year market value (FMV)

						0	2,206,885	2,075,389
Securities at end of year		Publicly Traded Securities?	Financial Derivatives	Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation	Beginning Balance Book Value FMV	Ending Balance Book Value FMV
1	ENDOWMENT INVESTMENTS				0 00	0	2,014,282	1,900,000
2	INVESTMENTS				0 00	0	192,603	184,389
3					0 00	0	0	0
4					0 00	0	0	0
5					0 00	0	0	0
6					0 00	0	0	0
7					0 00	0	0	0
8					0 00	0	0	0
9					0 00	0	0	0
10					0 00	0	0	0
11					0 00	0	0	0
12					0 00	0	0	0
13					0 00	0	0	0
14					0 00	0	0	0
15					0 00	0	0	0
16					0 00	0	0	0
17					0 00	0	0	0
18					0 00	0	0	0
19					0 00	0	0	0
20					0 00	0	0	0
21					0 00	0	0	0
22					0 00	0	0	0

**Part X, Line 15 (990) - Other Assets**

		5,848,584	4,494,288
		Beginning	End
1	IRREVOCABLE TRUST RECEIVABLE	5,848,584	4,494,288
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3			
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**Part X, Line 20 (990) - Tax-Exempt Bond Liabilities**

	Issue name	Purpose	Beginning balance	End of year amount outstanding	Unexpended proceeds	% of space used by 3rd party, if required	Maturity date
1	TAX EXEMPT BONDS PAYABLE	IDFA	1,775,000	1,555,000			2/1/2021
2							
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4							
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18							
19							
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# Part X, Line 22 (990) - Payables to Officers, Directors, Trustees, etc

		535,000	343,084	258,644		
	Name of lender	Original amount	Balance due beginning of year	Balance due end of year	Security provided	Date of note
1	CHUCK HOWARD	225,000	100,000	50,000	NONE	7/1/2006
2	TERRY INGRASSIA	50,000	40,000	35,000	NONE	5/1/2006
3	PETER PROVENZANO	250,000	203,084	173,644	NONE	6/1/2005
4	DAVE RYDELL	10,000	0		NONE	1/1/2002
5						
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[illegible]

5,302,330 4,666,314 4,761,169

[illegible]

[illegible]

**Part X, Line 25 (990) - Other Liabilities**

6,755,704

6,330,889

Description		Beginning	End
1	LINE OF CREDIT	2,000,000	2,000,000
2	HELEN L GRANT TRUST LOAN PAYABLE	328,593	324,573
3	ANNUITIES PAYABLE	57,821	53,669
4	MEDICAL CLAIMS PAYABLE	9,357	12,528
5	ACCRUED PAYROLL & PAYROLL TAXES	913,374	956,383
6	GOVERNMENTAL LOAN FUND PAYABLE	1,931,584	1,925,305
7	ACCRUED POST-RETIREMENT HEALTHCARE BENEFITS	191,679	186,079
8	ACCRUED POST-EMPLOYMENT BENEFITS	30,981	0
9	STUDENT CREDIT BALANCE PAYABLE	788,263	529,277
10	ACCRUED INTEREST	45,768	43,161
11	NTEC PAYABLE	38,956	14,147
12	UNEARNED/PREPAID TUITION	165,156	27,104
13	ESL DEPOSITS	15,624	7,222
14	OTHER LIABILITIES	1,048	492
15	ASSET RETIREMENT OBLIGATION - FIN 47	237,500	249,375
16	DECLINING BALANCE DEBIT CARD	0	1,574
17			
18			
19			
20			

Part VII (Sch D (990)) - Investments Other Securities

2,075,589

Description		Book Value	Method of Valuation
1	Financial derivatives and other financial products	0	
2	Closely-held equity interests	0	
3	ENDOWMENT INVESTMENTS	1,890,605	F
4	INVESTMENTS	184,984	F
5		0	
6		0	
7		0	
8		0	
9		0	
10		0	
11		0	
12		0	
13		0	
14		0	
15		0	
16		0	
17		0	
18		0	
19		0	
20		0	

Part IX (Sch D (990)) - Other Assets

4,494,088

		Description	Book Value
1		IRREVOCABLE TRUST RECEIVABLE	4,494,088
2			
3			
4			
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**Part X (Sch D (990)) - Other Liabilities**

6,330.88

		Description	Amount
1		Federal Income Taxes	
2		LINE OF CREDIT	2,000.00
3		HELEN L GRANT TRUST LOAN PAYABLE	324.72
4		ANNUITIES PAYABLE	53.68
5		MEDICAL CLAIMS PAYABLE	12.28
6		ACCRUED PAYROLL & PAYROLL TAXES	956.82
7		GOVERNMENTAL LOAN FUND PAYABLE	1,925.80
8		ACCRUED POST-RETIREMENT HEALTHCARE BENEFITS	186.07
9		ACCRUED POST-EMPLOYMENT BENEFITS	(0)
10		STUDENT CREDIT BALANCE PAYABLE	529.77
11		ACCRUED INTEREST	43.16
12		NTEC PAYABLE	14.14
13		UNEARNED/PREPAID TUITION	27.10
14		ESL DEPOSITS	7.22
15		OTHER LIABILITIES	.19
16		ASSET RETIREMENT OBLIGATION - FIN 47	249.37
17		DECLINING BALANCE DEBIT CARD	1.57
18			(0)
19			(0)
20			(0)
21			(0)