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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

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 10-01 , 2008, and ending 09-30 , 20 09

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

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

C Name of organization ROCKFORD RESCUE MISSION MINISTRIES

Doing Business As

Number and street (or P O 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 no 36-6132381

E Telephone number (815) 965-5332

G Gross receipts $ 3,988,418

F Name and address of principal officer RICHARD FARB
PO BOX 1958, ROCKFORD, IL 61110

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)

H(c) Group exemption number ▶

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

J Website ▶ ROCKFORDRESCUEMISSION.ORG

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

L Year of formation 1964

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities HOMELESS SHELTER, FEEDING PROGRAM, CASE MANAGEMENT, AND LIFE RECOVERY PROGRAM INCLUDING EDUCATION, VOCATIONAL TRAINING AND MEDICAL AND DENTAL CLINIC. SEE STATEMENT 8 FOR MISSION STATEMENT.

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	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of employees (Part V, line 2a)	5	83
6	Total number of volunteers (estimate if necessary)	6	340
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,648,377	3,164,841
9	Program service revenue (Part VIII, line 2g)	530,722	611,587
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,315	34,423
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e)	154,165	111,861
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,367,579	3,922,712
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	81,844	114,255
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,447,230	1,536,654
16a	Professional fundraising fees (Part IX, column (A), line 11e)	163,347	166,317
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 459,086		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,515,332	1,532,321
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,207,753	3,349,547
19	Revenue less expenses Subtract line 18 from line 12	159,826	573,165

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	6,041,676	6,633,299
21	Total liabilities (Part X, line 26)	395,710	388,642
22	Net assets or fund balances Subtract line 21 from line 20	5,645,966	6,244,657

SCANNED AUG 26 2010

RECEIVED
OCT 13 2010
OGDEN UT

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

Sign Here

Signature of officer — Date 08-04-10

RICHARD FARB, 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 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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

HOMELESS SHELTER, FEEDING PROGRAM, CASE MANAGEMENT, AND LIFE RECOVERY PROGRAM INCLUDING EDUCATION, VOCATIONAL TRAINING AND MEDICAL AND DENTAL CLINIC. SEE STATEMENT 8 FOR MISSION STATEMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . [X] 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 [X] 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 $ 2,040,314 including grants of $) (Revenue $ 3,293,995)

SEE STATEMENT

4b (Code) (Expenses $ 533,960 including grants of $) (Revenue $ 516,356)

MISSION MART THRIFT STORES

4c (Code) (Expenses $ 116,762 including grants of $) (Revenue $ 37,657)

CAFE FOR VOCATIONAL TRAINING

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ $ 2,691,036 (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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
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	6		X
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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	11	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	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		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	14b		X
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	15		X
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	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	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	18	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		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	21		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	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	25b		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	26		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	27		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	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)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		X
c	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	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? If "Yes," complete Schedule R, Part VI	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	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	16		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	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	83		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	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	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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	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		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	X	
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
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				
1a	Enter the number of voting members of the governing body	1a	10		
b	Enter the number of voting members that are independent	1b	10		
2	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?	2			X
3	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?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9a	Does the organization have local chapters, branches, or affiliates?	9a			X
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?	9b			
10	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	10		X	
11	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	11			X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	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			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ IL

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 ▶ JAN DANAHER (815) 965-5332

715 W STATE STREET ROCKFORD, IL 61102-2203

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			
CHERYL PITNEY EXECUTIVE DIRECTOR	40				X	X		63,980	0	
RICHARD FARB CHAIRMAN OF THE BOARD				X				0	0	
GERALD PITNEY DIRECTOR EMERITUS							X			25,526
T BRUCE WATSON VICE CHAIRMAN				X				0	0	
GLENN MILLER CPA TREASURER				X				0	0	
GAYLENE SEARS SECRETARY				X				0	0	
ANN DITTMAR BOARD DIRECTOR		X						0	0	
TIM FOUNTAIN BOARD DIRECTOR		X						0	0	
JOSEPH KINNEY BOARD DIRECTOR		X						0	0	
DAVID KOCH BOARD DIRECTOR		X						0	0	
MICHAEL RANGER BOARD DIRECTOR		X						0	0	
BRYAN SELANDER BOARD DIRECTOR		X						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-MSC)	(E) Reportable compensation from related organizations (W-2/1099-MSC)	(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				
1b Total ▶									63,980	0	25,526

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
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	3	X	
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	4		X
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	5		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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,164,841			
	g	Noncash contributions included in lines 1a-1f $		296,404			
	h	**Total** Add lines 1a-1f		3,164,841			
Program Service Revenue			Business Code				
	2a	RESALE SHOPS	452000	516,356	516,356		
	b	RECYCLE OF BULK GOODS	900099	57,574	57,574		
	c	CAFE	722210	37,657	37,657		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		611,587			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		34,423	34,423		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a	161,959			
	b	Less direct expenses	b	65,706			
	c	Net income or (loss) from fundraising events		96,253	96,253		
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	SOFT DRINKS	900099	8,648	8,648		
	b	MISC RECEIPTS	900099	6,960	6,960		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		15,608			
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		3,922,712	757,871	0	0

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				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	114,255	114,255		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	89,506	57,516	15,995	15,995
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,234,088	1,031,208	124,801	78,079
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	122,392	97,426	11,394	13,572
10	Payroll taxes	90,668	73,137	10,186	7,345
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	29,763	4,934	4,535	20,294
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	166,317			166,317
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	12,330	6,201	4,208	1,921
14	Information technology				
15	Royalties				
16	Occupancy	146,969	139,111	4,753	3,105
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	6,974	6,974		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	162,223	151,808	5,678	4,737
23	Insurance	56,480	46,409	6,074	3,997
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	STATEMENT 3	583,622	428,097	11,801	143,724
b	STATEMENT 4	533,960	533,960		
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	3,349,547	2,691,036	199,425	459,086
26	**Joint Costs** Check here ▶ [X] if following SOP 98-2 Complete this line only if the organization 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
Assets	1	Cash - non-interest-bearing		1,042,441	1	688,138
	2	Savings and temporary cash investments		49,632	2	918,046
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		62,193	4	16,497
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L			5	
	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			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		220,759	8	253,646
	9	Prepaid expenses and deferred charges		38,577	9	46,687
	10a	Land, buildings, and equipment cost basis	10a 6,830,235			
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b 2,132,476	4,619,076	10c	4,697,759
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV line 11			12	
	13	Investments - program-related See Part IV line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV line 11		8,998	15	12,526
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,041,676	16	6,633,299
Liabilities	17	Accounts payable and accrued expenses		149,049	17	169,483
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		246,661	25	219,159
	26	**Total liabilities.** Add lines 17 through 25		395,710	26	388,642
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,634,636	27	6,227,904
	28	Temporarily restricted net assets		11,330	28	16,753
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	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	Total net assets or fund balances		5,645,966	33	6,244,657
	34	Total liabilities and net assets/fund balances		6,041,676	34	6,633,299

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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?	2c	X	
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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 RESCUE MISSION MINISTRIES

Employer identification number
36-6132381

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?

		Yes	No
(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?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the 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	
Total	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,601,521	2,450,624	2,429,846	2,648,377	3,236,421	13,366,789
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total** Add lines 1-3	2,601,521	2,450,624	2,429,846	2,648,377	3,236,421	13,366,789
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	
6 **Public support.** Subtract line 5 from line 4	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	13,366,789

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,601,521	2,450,624	2,429,846	2,648,377	3,236,421	13,366,789
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,958	4,404	16,981	34,315	34,423	96,081
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	65,139	19,019	22,302	13,754	15,608	135,822
11 **Total support.** Add lines 7 through 10	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	13,598,692
12 Gross receipts from related activities, etc (see instructions)					12	611,587

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.29 %
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	97.04 %

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **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

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

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

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 ▶ ☐

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, lines 6, 7, 8, 9, 10, 1, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

ROCKFORD RESCUE MISSION MINISTRIES

Employer identification number

36-6132381

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance		[redacted]	[redacted]	[redacted]	[redacted]
b Contributions		[redacted]	[redacted]	[redacted]	[redacted]
c Investment earnings or losses		[redacted]	[redacted]	[redacted]	[redacted]
d Grants or scholarships		[redacted]	[redacted]	[redacted]	[redacted]
e Other expenditures for facilities and programs		[redacted]	[redacted]	[redacted]	[redacted]
f Administrative expenses		[redacted]	[redacted]	[redacted]	[redacted]
g End of year balance		[redacted]	[redacted]	[redacted]	[redacted]

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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
1a Land			[redacted]	
b Buildings				
c Leasehold improvements				
d Equipment				
e Other STMD1E	6,830,235		2,132,476	4,697,759
Total Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ▶				4,697,759

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(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		
Closely-held equity interests		
Other		
Total (Column (b) should equal Form 990, Part X col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

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

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
GIFT CARDS, DEPOSITS	12,526
Total (Column (b) should equal Form 990, Part X col (B) line 15) ▶	12,526

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
STATEMENT 7	219,159
Total (Column (b) should equal Form 990, Part X col (B) line 25) ▶	219,159

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,922,712
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,349,547
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	573,165
4	Net unrealized gains (losses) on investments	4	
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	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	573,165

Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	4,059,998
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	71,580		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	65,706		
e	Add lines 2a through 2d			2e	137,286
3	Subtract line 2e from line 1			3	3,922,712
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			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	3,922,712

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

1	Total expenses and losses per audited financial statements			1	3,461,307
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	71,580		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	65,706		
e	Add lines 2a through 2d			2e	137,286
3	Subtract line 2e from line 1			3	3,324,021
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	25,526		
c	Add lines 4a and 4b			4c	25,526
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	3,349,547

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

Other revenues non included on Form 990 (Part XII, line 2d)

COST OF FUNDRAISING SPECIAL EVENTS $65,706 WHICH WAS NETTED AGAINST REVENUE FOR FORM 990 PURPOSES, BUT NOT FOR GAAP FINANCIALS.

Part XIV Supplemental Information (continued)

02. Other expenses not included on Form 990 (Part XIII, line 2d)

COST OF FUNDRAISING EVENTS $65,706 NETTED WITH REVENUE ON FORM 990 BUT NOT ON GAAP FINANCIAL STATEMENTS.

03. Other expenses included on Form 990 (Part XIII, line 4b)

DEFERRED COMPENSATION EXPENSE WAS RECOGNIZED ON AUDITED FINANCIALS PER GAAP THE YEAR THE LIABILITY WAS RECORDED. CURRENT YEAR EXPENSE $25,526 RECOGNIZED ON FORM 990.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Mst be completed by organizations that answer "Yes" to Form 990, Part V, lines 17, 18, or 19, ast by organizations that enter more than $15,000 on Form 990-EZ, lne 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

ROCKFORD RESCUE MISSION MINISTRIES

Employer identification number

36-6132381

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a [X] Mail solicitations
b [ ] Email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? [X] Yes [ ] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
GATEWAY COMMUNICATIONS	PHONE SOLICI		X	122,144	29,205	92,939
ENEX GROUP	MAIL SOLICIT		X	920,564	200,630	719,934
GRIZZARD	MAIL SOLICIT		X	186,485	18,067	168,418
Total ▶				1,229,193	247,902	981,291

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Illinois,

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000

		(a) Event #1 SPECIAL EVEN (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events Add col (a) through col (c))
Revenue	1 Gross receipts	161,959			161,959
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	161,959			161,959
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	65,706			65,706
	8 Direct expenses summary Add lines 4 through 7, column (d) ▶				(65,706)
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				96,253

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activites with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ROCKFORD RESCUE MISSION MINISTRIES

Employer identification number
36-6132381

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? . . . . . [X] Yes [ ] No

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 . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

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
Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV appraisal, other)	(f) Description of non-cash assistance
LIFE RECOVERY PROGRAMS	162		73,143	BOOK	1,2,3,4,5, & 6 PER BELOW
CRISIS SHELTER	935		17,321	BOOK	CASE MANAGEMENT & SHELTER
FEEDING PROGRAM	1,113		18,636	BOOK	3 MEALS A DAY/365 DAYS
EDUCATION PROGRAM	41		5,155	BOOK	FORMAL EDUCATION THRU GED
1 = CASE MANAGEMENT, 2 = EDUCATION					
3 = RECREATION, 4 = TRANSPORTATION					
5 = HOUSING, & 6 = MEDICAL CARE					

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

01. Monitoring procedures (Part I, line 2)

EXPENSES ARE ASSIGNED TO THE SPECIFIC SERVICES TO WHICH THEY RELATE.

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 RESCUE MISSION MINISTRIES

Employer identification number
36-6132381

Part I Questions Regarding Compensation

		Yes	No
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 ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 1b		
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? 2		
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 ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, SectionA, line 1a		
a	Receive a severance payment or change of control payment? 4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? 4c		X
	If "Yes" to any of 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 only must complete lines 5-8.		
5	For persons listed in Form 990, Part VII, SectionA, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization? 5a		X
b	Any related organization? 5b		X
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in Form 990, Part VII, SectionA, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization? 6a		X
b	Any related organization? 6b		X
	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 7		X
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 8		X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GERALD PITNEY	(i)				25,526		25,526	-
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶To be completed by organizations that answered "Yes" on Form 990, Part IV lines 29 or 30.
▶ Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

ROCKFORD RESCUE MISSION MINISTRIES

Employer identification number

36-6132381

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		71,580	ON SCH M
6	Cars and other vehicles	X		0	
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded				
10	Securities-Closely held stock				
11	Securities-Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV Donee Acknowledgement 29

		Yes	No
30 a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a		X
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31	X	
32 a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a		X
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

ROCKFORD RESCUE MISSION MINISTRIES

Employer identification number

36-6132381

01 Form 990 governing body review (Part VI, line 10)

FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THEN DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR APPROVAL.

02 Conflict of interest policy compliance (Part VI, line 12c)

THE BOARD OF DIRECTORS SIGNS OFF A CONFLICT OF INTEREST POLICY ANNUALLY. THE BOARD HAS ESTABLISHED CLEAR GUIDELINES TO FOLLOW SHOULD A CONFLICT OF INTEREST ARISE.

03 CEO, executive director, top management comp (Part VI, line 15a)

THE BOARD OF DIRECTORS REVIEWS AND DETERMINES THE EXECUTIVE DIRECTOR'S COMPENSATION YEARLY.

04. Other officer or key employee compensation (Part VI, line 15b

THE EXECUTIVE DIRECTOR AND HR DIRECTOR REVIEW AND DETERMINE KEY EMPLOYEE COMPENSATION WHICH IS PRESENTED TO THE PERSONNEL COMMITTEE TO REVIEW AND THE BOARD OF DIRECTORS FOR APPROVAL YEARLY.

05. Governing documents, etc, available to public (Part VI, line 19)

FORM 990 WITH THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

06. Significant program services not listed on prior year return (Part III, line 2)

FORM 990, PART III, 2

THE ROCKFORD RESCUE MISSION ADDED TWO PROGRAMS IN THE FISCAL YEAR. THE FIRST IS A VOCATIONAL TRAINING PROGRAM FOR LIFE RECOVERY RESIDENTS. THE PROGRAM IS IN A CAFE SETTING

Name of the organization: ROCKFORD RESCUE MISSION MINISTRIES

Employer identification number: 36-6132381

AND TEACHES TRAINEES SKILLS SUCH AS FOOD HANDLING AND SANITATION, HOUSEKEEPING, AND CUSTOMER SERVICE. THE SECOND IS A WOMEN'S CRISIS CENTER. WOMEN AND CHILDREN ARE PROVIDED SHELTER AND MEALS. IN ADDITION, CASE MANAGEMENT IS REQUIRED TO HELP FIND AFFORDABLE HOUSING AND JOB OPPORTUNITIES.

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

FEIN: 36-6132381

FORM 990, SCHEDULE D, PART VI, LINE 1E

STATEMENT #D1E

INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER)	DEPR	BOOK VALUE
LAND, BLDGS, EQUIP	6,830,235	0	2,132,476	4,697,759
TOTAL	6,830,235	0	2,132,476	4,697,759

ROCKFORD RESCUE MISSION MINISTRIES
36-6132381

FORM 990 2008-9 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C.) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BUILDING MAINT	68,452	64,057	2,003	2,392
EQUIPMENT REPAIRS	9,324	9,226	83	15
DONATED FOOD, CLOTHES HOUSEWARES	282,361	282,361		
EDUCATION/AWARENESS	12,741	11,529	909	303
POSTAGE	87,953	616	792	86,545
TELEPHONE EXPENSE	13,574	10,701	1,426	1,447
SMALL EQUIPMENT	5,069	5,045	15	9
MISCELLANEOUS	117	45	67	5
OTHER EMPLOYEE EXP	6,254		6,254	
PROMOTION, PUBLICATIONS	86,066	34,361		51,705
R/E TAXES	146		146	
VEHICLE OPERATIONS	10,049	8,640	106	1,303
VOLUNTEER OPERATIONS	1,516	1,516		
TOTAL TO FM 990, PART IX, LN 24a	583,622	428,097	11,801	143,724

ROCKFORD RESCUE MISSION MINISTRIES
36-6132381

FORM 990 2008-9 MISSION MART THRIFT STORES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C0) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	1,662	1,662		
BUILDING MAINTENANCE & SUPPLIES	8,433	8,433		
BUILDING INSURANCE	729	729		
BUILDING RENTAL	98,880	98,880		
DEPRECIATION	10,509	10,509		
EDUCATION	122	122		
EQUIPMENT REPAIRS	902	902		
HEALTH, DISABILITY, & FLEX INS.	25,340	25,340		
LIABILITY & OTHER INSURANCE	1,900	1,900		
OFFICE SUPPLIES & SERVICES	1,201	1,201		
PAYROLL TAXES	17,602	17,602		
POSTAGE	112	112		
PURCHASED ITEMS FOR RESALE	25,194	25,194		
SALARIES & WAGES	250,062	250,062		
SMALL EQUIPMENT PURCHASES	735	735		
RETAIL SUPPLIES	2,129	2,129		
OTHER SUPPLIES	11,603	11,603		
TELEPHONE	1,648	1,648		
UTILITIES	60,919	60,919		
VEHICLE INSURANCE	1,998	1,998		
VEHICLE OPERATION	4,438	4,438		
MISCELLANEOUS	436	436		
WORKER'S COMPENSATION INS.	7,406	7,406		
TOTAL TO FM 990, LN 43	533,960	533,960	0	0

ROCKFORD RESCUE MISSION MINISTRIES
36-6132381

Form 990 - 2008-9 | BALANCE SHEET OTHER LIABILITIES | STATEMENT 7

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
FUNDS HELD FOR RESIDENTS	44	0
ACCRUED LONG-TERM COMPENSATION	246,617	219,159
TOTAL TO FORM 990, PART IV, LINE 65	246,661	219,159

ROCKFORD RESCUE MISSION MINISTRIES
36-6132381

Form 990 - 2008-9 PART III #1 STATEMENT 8

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

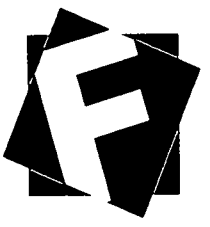
BOARD APPROVED MISSION STATEMENT

ROCKFORD RESCUE MISSION SHARES HOPE AND HELP IN JESUS' NAME TO MOVE PEOPLE FROM HOMELESSNESS AND DESPAIR TOWARD PERSONAL AND SPIRITUAL WHOLENESS.

Rockford Rescue Mission Ministries

Audited Financial Statements

For the years ended September 30, 2009 and 2008



Farrell & Associates CPAs, LLC

Rockford Rescue Mission Ministries

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Certified Public Accountants
Business Advisors

Farrell & Associates CPAs, LLC
Edgebrook Center
1639 North Alpine Road, Suite 100
Rockford, IL 61107

p 815 229 1900
f 815 229 1901
www.farrellcpas.com

Independent Auditors' Report

To the Board of Directors of
Rockford Rescue Mission Ministries
Rockford, Illinois

We have audited the accompanying statements of financial position of Rockford Rescue Mission Ministries as of September 30, 2009 and 2008, and the related statements of activities, cash flows, and functional expenses for the years then ended, as well as the supplemental schedules on page 14. These financial statements are the responsibility of Rockford Rescue Mission Ministries' management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Rockford Rescue Mission Ministries at September 30, 2009 and 2008, and the changes in its net assets and its cash flows for the years then ended, respectively, in conformity with accounting principles generally accepted in the United States of America.

Farrell & Associates CPAs, LLC

Certified Public Accountants

Rockford, Illinois
January 8, 2010

Rockford Rescue Mission Ministries

Statements of Financial Position

September 30,		*2009*		*2008*
Assets				
Current assets				
Cash and cash equivalents (Note 1)	$	**688,138**	$	1,042,397
Board designated accounts		**918,046**		49,632
Residents' funds held in trust		**-**		44
Accounts receivable (Note 10)		**11,247**		57,193
Pledges receivable (Note 4)		**5,250**		5,000
Inventories (Notes 1 and 3)		**253,646**		220,759
Prepaid expenses		**46,687**		38,577
Total current assets		**1,923,014**		1,413,602
Property, plant, and equipment, less accumulated depreciation (Notes 1 and 5)		**4,697,759**		4,619,076
Other assets				
Gift cards		**5,725**		7,398
Deposits		**6,801**		1,600
Total other assets		**12,526**		8,998
Total assets	$	**6,633,299**	$	6,041,676

September 30,		*2009*		*2008*
Liabilities and net assets				
Current liabilities				
Accounts payable	$	**56,966**	$	17,403
Accrued payroll		**101,794**		123,856
Residents' funds held in trust		**-**		44
Other accrued expenses		**10,723**		7,790
Current portion of deferred compensation (Note 9)		**27,330**		25,526
Total current liabilities		**196,813**		174,619
Deferred compensation, less current portion (Note 9)		**191,829**		221,091
Total liabilities		**388,642**		395,710
Net assets				
Unrestricted				
Board designated		**918,046**		49,632
Undesignated		**5,309,858**		5,585,004
Temporarily restricted (Note 12)		**16,753**		11,330
Total net assets		**6,244,657**		5,645,966
Total liabilities and net assets	$	**6,633,299**	$	6,041,676

See accompanying independent auditors' report and notes to financial statements

Rockford Rescue Mission Ministries

Statements of Activities

Years ended September 30,	*2009*			*2008*		
	Unrestricted	*Temporarily Restricted*	*Total*	*Unrestricted*	*Temporarily Restricted*	*Total*
Support and revenue:						
Public support	**$ 2,990,435**	**$ 39,961**	**$ 3,030,396**	$ 2,535,198	$ 34,436	$ 2,569,634
In-kind contributions	**367,984**	**-**	**367,984**	342,779	-	342,779
Sales from resale shops	**516,356**	**-**	**516,356**	467,574	-	467,574
Sales of bulk clothing and recycled materials	**57,574**	**-**	**57,574**	63,148	-	63,148
Café sales	**37,657**	**-**	**37,657**	-	-	-
Interest income	**34,423**	**-**	**34,423**	34,315	-	34,315
Vending	**8,648**	**-**	**8,648**	6,739	-	6,739
Other revenue	**6,960**	**-**	**6,960**	9,754	-	9,754
Loss on sale of property and equipment	**-**	**-**	**-**	(1,012)	-	(1,012)
Net assets released from restrictions	**34,538**	**(34,538)**	**-**	28,932	(28,932)	-
Total support and revenue	**4,054,575**	**5,423**	**4,059,998**	3,487,427	5,504	3,492,931
Expenses						
Program services	**2,701,510**	**-**	**2,701,510**	2,833,172	-	2,833,172
Supporting services						
Management and general	**231,030**	**-**	**231,030**	119,577	-	119,577
Fundraising	**528,767**	**-**	**528,767**	381,368	-	381,368
Total supporting services	**759,797**	**-**	**759,797**	500,945	-	500,945
Total expenses	**3,461,307**	**-**	**3,461,307**	3,334,117	-	3,334,117
Increase in net assets	**593,268**	**5,423**	**598,691**	153,310	5,504	158,814
Net assets, beginning of period	**5,634,636**	**11,330**	**5,645,966**	5,481,326	5,826	5,487,152
Net assets, end of period	**$ 6,227,904**	**$ 16,753**	**$ 6,244,657**	$ 5,634,636	$ 11,330	$ 5,645,966

See accompanying independent auditors' report and notes to financial statements

Rockford Rescue Mission Ministries

Statements of Cash Flows

Years ended September 30,		*2009*		*2008*
Cash flows from operating activities				
Change in net assets	**$**	**598,691**	$	158,814
Adjustments to reconcile change in net assets to net cash provided by operating activities:				
Loss on disposal of property, plant, and equipment		**-**		1,012
Depreciation including resale shops' depreciation of $10,509 and $9,292, respectively		**172,732**		175,901
(Increase) decrease in assets:				
Accounts and pledges receivable		**45,696**		48,597
Inventories		**(32,887)**		32,288
Prepaid expenses		**(8,110)**		4,132
Other assets		**(3,528)**		5,031
Increase (decrease) in liabilities				
Accounts payable		**39,563**		(10,939)
Accrued expenses and other liabilities		**(46,587)**		116,813
Net cash provided by operating activities		**765,570**		531,649
Cash flows from investing activities				
Purchases of property, plant, and equipment		**(251,415)**		(261,550)
Net proceeds from disposal of property, plant, and equipment		**-**		537
Funds transferred to Board designated account		**(868,414)**		(2,837)
Net cash used in investing activities		**(1,119,829)**		(263,850)
Net (decrease) increase in cash and cash equivalents		**(354,259)**		267,799
Cash and cash equivalents, beginning of period		**1,042,397**		774,598
Cash and cash equivalents, end of period	**$**	**688,138**	$	1,042,397

See accompanying independent auditors' report and notes to financial statements

Rockford Rescue Mission Ministries

Statements of Functional Expenses

Years ended September 30, *2009*

	Program Services	*Management and General*	*Fund-raising*	*Total*
Building maintenance and supplies	$ 64,057	$ 2,003	$ 2,392	$ 68,452
Building insurance	8,017	273	91	8,381
Building rental	7,653	-	-	7,653
Client assistance, including supplies	114,255	-	-	114,255
Depreciation	151,808	5,678	4,737	162,223
Direct mail	-	-	166,317	166,317
Donated food	282,361	-	-	282,361
Donated professional services	35,793	31,605	3,975	71,373
Education	11,529	909	303	12,741
Employee and board activities	-	6,254	-	6,254
Equipment repairs	9,226	83	15	9,324
Health insurance	97,426	11,394	13,572	122,392
Interest	6,974	-	-	6,974
Liability insurance	8,987	2,634	717	12,338
Office supplies and services	6,201	4,208	1,921	12,330
Other promotional activities	34,361	-	51,705	86,066
Payroll taxes	73,137	10,186	7,345	90,668
Postage	616	792	86,545	87,953
Professional fees	4,934	4,535	20,294	29,763
Real estate taxes	-	146	-	146
Resale store expenses	534,167	-	-	534,167
Salaries and wages	1,063,198	140,796	94,074	1,298,068
Small equipment purchases	5,045	15	9	5,069
Special events	-	-	65,706	65,706
Telephone	10,701	1,426	1,447	13,574
Utilities	131,458	4,753	3,105	139,316
Vehicle insurance	4,556	114	143	4,813
Vehicle operation	8,640	106	1,303	10,049
Volunteer operations	1,516	-	-	1,516
Workers' compensation insurance	24,849	3,053	3,046	30,948
Miscellaneous	45	67	5	117
Total functional expenses	$ 2,701,510	$ 231,030	$ 528,767	$ 3,461,307

2008

	Program Services	*Management and General*	*Fund-raising*	*Total*
Building maintenance and supplies	$ 69,377	$ 2,755	$ 1,818	$ 73,950
Building insurance	8,822	289	134	9,245
Client assistance, including supplies	81,813	-	-	81,813
Depreciation	156,767	5,851	3,992	166,610
Direct mail	-	-	163,347	163,347
Donated food	320,487	-	-	320,487
Donated professional services	44,247	24,125	1,593	69,965
Education	9,936	381	1,416	11,733
Employee and board activities	-	4,209	-	4,209
Equipment repairs	7,523	61	19	7,603
Health insurance	77,637	13,486	9,477	100,600
Interest	10,104	918	459	11,481
Liability insurance	10,128	2,898	839	13,865
Office supplies and services	4,572	3,501	2,073	10,146
Other promotional activities	54,141	-	36,340	90,481
Payroll taxes	74,514	10,569	1,864	86,947
Postage	628	538	76,588	77,754
Professional fees	6,483	11,612	7,150	25,245
Real estate taxes	(1,985)	130	-	(1,855)
Resale store expenses	438,277	-	-	438,277
Salaries and wages	1,057,611	154,679	26,544	1,238,834
Small equipment purchases	3,973	533	344	4,850
Special events	16,400	-	38,885	55,285
Telephone	8,362	1,443	2,176	11,981
Utilities	107,805	5,184	2,723	115,712
Vehicle insurance	5,307	221	320	5,848
Vehicle operation	7,090	292	1,528	8,910
Volunteer operations	4,079	-	-	4,079
Workers' compensation insurance	14,641	1,734	1,726	18,101
Deferred compensation expense	234,286	(126,472)	-	107,814
Miscellaneous	147	640	13	800
Total functional expenses	$ 2,833,172	$ 119,577	$ 381,368	$ 3,334,117

See accompanying independent auditors' report and notes to financial statements

Rockford Rescue Mission Ministries

Notes to Financial Statements

Note 1. Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

Rockford Rescue Mission Ministries (the Mission) was organized as a not-for-profit corporation in 1964 under the laws of the State of Illinois. The Mission's purpose is to conduct an interdenominational mission to aid, assist, and care for men, women, and children by furnishing a temporary home and job placement and contributions to the uplift of such persons by providing to anyone in need with meals, lodging, clothing, home furnishings, individual and family counseling, education, and advocacy.

The Mission operates two resale shops in Rockford doing business as "Mission Mart".

The Mission operates a café in Rockford doing business as "Restoration Café".

Promises to Give

Unconditional contributions from individuals are recognized when received, except in the case of a bequest, when the contribution is recognized at the time of legal notification. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions are met in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction is met, temporarily restricted net assets are reclassified to unrestricted net assets.

Unconditional contributions from companies or organizations are recognized when the pledge is made to the Mission. The same policies are followed for unrestricted and restricted contributions as above.

Cash and Cash Equivalents

The Mission considers depository accounts with an original maturity of twelve months or less to be cash and cash equivalents. The Mission has funds on deposit with several banks which exceed the federal depository insurance limit as of September 30, 2009 and 2008. Management believes that the credit risk related to these balances is minimal.

Rockford Rescue Mission Ministries

Notes to Financial Statements

Board Designated Accounts

The Board elected in 2009 to reserve $853,315 in cash to cover three months of budgeted cash operating expenses in a Board designated account named "Recession and Emergency Reserve." The cash reserve will allow the Mission to continue operating for a minimum of three months if a disaster were to occur or if a major long-term unforeseen recession or negative revenue or expense trend were to be incurred.

The Board elected to reserve cash for an endowment fund or foundation with cash balances of $64,731 and $49,632 as of September 30, 2009 and 2008, respectively.

Donated Inventory and Other Assets

Donated inventory of food, property, plant, equipment, and other assets are recognized as support at their estimated fair market values on the date they are received. Donated clothing and housewares sold through the Mission Mart's resale shops are recognized as sales, and are not recorded in inventory, except as an adjustment at year end. Net increases in donated clothing and housewares at the retail stores are recognized as unrestricted support at year end. Net decreases are recognized as adjustments to decrease sales from the Mission Mart's resale shops. Donated clothing and housewares given to clients are recognized at estimated fair market value at the time of transfer.

Donated Services

The Mission uses the services of a number of volunteers to assist its staff. No amounts have been reflected in the financial statements for these donated services, as no objective basis is available to measure the value of such services. Such amounts would have no net effect on the statements of activities.

Donated professional service fees are recorded as unrestricted support at the time the services are rendered at their estimated fair market value.

Rockford Rescue Mission Ministries

Notes to Financial Statements

Property, Plant, and Equipment

Expenditures for acquisition of property and equipment in excess of $5,000 and $2,000, respectively, are capitalized at cost or estimated value at time of donation. Depreciation is determined by the straight-line method, over the following estimated lives:

	Years
Buildings and improvements	5 – 40
Parking lots	15
Kitchen equipment	7 – 20
Program furnishings and equipment	5 – 10
Vehicles	3 – 5
Musical instruments and sound equipment	5 – 10
Office equipment	5 – 10
Tools and equipment	5 – 10
Computer equipment	3 – 5
Store fixtures and equipment	5 – 10

Income Taxes

The Internal Revenue Service has determined that the Mission qualifies for exemption from federal income tax under Internal Revenue Code Section 501(c)(3) as other than a private foundation.

Estimates

The accompanying financial statements include estimated amounts and disclosures based on management assumptions about future events. Actual results could differ from those estimates.

Reclassifications

Certain reclassifications have been made to 2008 balances to be consistent with 2009 presentation.

Rockford Rescue Mission Ministries

Notes to Financial Statements

Note 2. Related Party Transactions

One relative of the executive director provided employment services to the Mission during the years ended September 30, 2009 and 2008, in the amounts of approximately $16,752 and $316, respectively.

The Mission leased space for the Healing Place program from relatives of the executive director. Rental fees of $13,750 were paid for the year ended September 30, 2008. The lease expired September 30, 2008, and was not renewed.

Note 3. Inventories

Inventories at September 30, 2009 and 2008, consist of the following:

September 30,		*2009*		*2008*
Donated food and supplies	$	**22,650**	$	26,702
Vocational training food and supplies		**8,262**		-
Donated clothing and housewares, intended for resale		**218,651**		190,103
Music and books		**4,083**		3,954
Total inventories	$	**253,646**	$	220,759

Note 4. Pledges Receivable

The Mission received a pledge from a local company for $5,000 to be received in $1,000 payments annually over a five-year period, beginning in October 2008.

Additionally, the Mission received a $3,000 pledge from a local church in fiscal year 2009, to be paid monthly over a 12-month period beginning in March 2009.

The receivable balances of the pledges were $5,250 and $5,000 at September 30, 2009 and 2008, respectively.

Rockford Rescue Mission Ministries

Notes to Financial Statements

Note 5. Property, Plant, and Equipment

Property, plant, and equipment consist of the following:

September 30,		*2009*		*2008*
Land	$	**539,507**	$	539,507
Building and improvements		**5,492,402**		5,116,256
Parking lots		**16,049**		16,049
Kitchen equipment		**105,186**		105,186
Program furnishings and equipment		**279,910**		264,785
Vehicles		**73,083**		73,083
Musical instruments and sound equipment		**13,675**		13,675
Office equipment		**91,292**		91,291
Tools and equipment		**42,082**		39,276
Computer equipment		**83,636**		68,491
Store fixtures and equipment		**93,413**		34,220
Projects in process		-		218,498
Total property, plant, and equipment		**6,830,235**		6,580,317
Accumulated depreciation		**(2,132,476)**		(1,961,241)
Net property, plant, and equipment	$	**4,697,759**	$	4,619,076

Note 6. Line-of-Credit

At September 30, 2009 and 2008, the Mission had an unused line-of-credit for $1,000,000 with a bank. The interest rate at September 30, 2009 and 2008, was 4.50 percent and 5.50 percent, respectively. The agreement will expire March 17, 2010. The line is secured by promises to give and property, plant, and equipment.

Rockford Rescue Mission Ministries

Notes to Financial Statements

Note 7. Commitments

The Mission leases rental space for its Rockford Southgate store, the Life Recovery Programs, and its Women's Crisis Center. The Southgate lease was renewed in September 2008, and expires in August 2011. The Life Recovery Programs' lease began in June 2008 and expires in May 2010. The Women's Center lease began in August 2009 and expires in July 2011. Minimum rental commitments are $182,964 for the year ended September 30, 2010 and $128,910 for the year ended September 30, 2011. Rent expense for the years ended September 30, 2009 and 2008, was $141,196 and $80,215, respectively.

Note 8. Retirement Plan

The Mission has a qualified retirement plan under section 403(b) of the Internal Revenue Code, whereby employees may make voluntary contributions. The plan allows the Mission to make discretionary contributions. The Mission made no discretionary contributions during the years ended September 30, 2009 and 2008.

Note 9. Deferred Compensation

Deferred compensation represents the present value of compensation granted to a Co-founder during 2008 for prior service. Such compensation represents payments of $32,500 annually for the life of the employee. The present value is determined at an annual rate of 3.00 percent using published life expectancy tables.

Future principal payments required for the deferred compensation are as follows:

Years ending September 30,	
2010	$ 27,330
2011	27,135
2012	27,960
2013	28,811
2014	29,688
Thereafter	78,235
	$ 219,159

Note 10. Receivable from Winnebago County

In an agreement signed August 5, 2004, Winnebago County agreed to pay $75,000 to the Mission if an adjacent street was not vacated by February 5, 2005, for the Mission to use for parking at their facility. This agreement was made so that the County could have a piece of property that the Mission owned to be used for building purposes by the County. As of September 30, 2009 and 2008, the balance due from the County was $0 and $50,000, respectively, and is included in accounts receivable on the statements of financial position.

Note 11. Supplemental Cash Flow Information

Cash paid for interest expense was $6,974 and $11,481 for the years ended September 30, 2009 and 2008, respectively.

Rockford Rescue Mission Ministries

Notes to Financial Statements

Note 12. Restricted Net Assets

Temporarily restricted net assets consist of the following at September 30, 2009 and 2008:

September 30,		*2009*		*2008*
Art for residents	$	-	$	18
Programs		**16,753**		2,507
County of Winnebago grant for case worker		-		8,805
Total temporarily restricted net assets	$	**16,753**	$	11,330

Note 13. Subsequent Events

Subsequent events are events or transactions that occur after the statement of financial position date but before financial statements are issued or are available to be issued. These events and transactions either provide additional evidence about conditions that existed at the date of the statement of financial position, including the estimates inherent in the process of preparing financial statements (that is, recognized subsequent events), or provide evidence about conditions that did not exist at the date of the statement of financial position but arose after that date (that is, non-recognized subsequent events).

The Mission has evaluated subsequent events through January 8, 2010, which was the date of this report, and determined that there were no significant non-recognized subsequent events through that date.

Rockford Rescue Mission Ministries

Supplemental Schedules of Resale Store Expenses

Years ended September 30,		*2009*		*2008*
Advertising	$	**1,662**	$	2,629
Building maintenance and supplies		**8,433**		11,657
Building insurance		**729**		756
Building rental		**98,880**		60,300
Depreciation		**10,509**		9,292
Donated professional services		**207**		475
Education		**122**		676
Equipment repairs		**902**		173
Health insurance		**25,340**		23,950
Liability insurance		**1,900**		2,002
Office supplies and services		**1,201**		495
Payroll taxes		**17,602**		14,797
Postage		**112**		18
Purchased items for resale		**25,194**		-
Salaries and wages		**250,062**		222,480
Small equipment purchases		**735**		3,767
Retail supplies		**2,129**		2,545
Other supplies		**11,603**		12,569
Telephone		**1,648**		1,757
Utilities		**60,919**		56,813
Vehicle insurance		**1,998**		2,171
Vehicle operation		**4,438**		4,302
Workers' compensation insurance		**7,406**		4,152
Miscellaneous		**436**		501
Total resale store expenses	$	**534,167**	$	438,277

See accompanying independent auditors' report

Form 990 - PART III - 4a

ROCKFORD RESCUE MISSION

STATEMENT OF MINISTRIES
OCTOBER 2008-SEPTEMBER 2009

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 *1,839*. Held nightly required chapels and the staff conducted *5,560* 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 *49,158* total nights of lodging.

Meals: Food service provided meals three times each day for a total of *135,494* served.

Crisis Services: Men's Crisis served *1,075* different men; Employment secured: *112;* Stable Housing secured: *165.* Women's Crisis served *175 (*no housing or employment*).*

Life Recovery Services: Men's & Women's Life Recovery served *162* men and women. Education*:* 105 assessments were given, *4* received a GED & *27* enrolled in further education/job training. Career Employment enrolled *30.* Medical, Chiropractic and Dental sessions: *2,496.*

Volunteer Services: Recorded hours totaled *30,330* hours during *8,877* occasions by *4,833* individuals & *583* groups.

Mission Mart Thrift Store: The community gave *6,449* 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 *$3.9 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*

Form **8868**
(Rev April 2009)
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 P O 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 715 W STATE STREET, IL 61102-2203

Telephone No ▶ 815-965-5332 FAX No ▶

- If the organization does not have an office 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 05-17, 20 10, 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, 20 08, and ending 09-30, 20 09

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	ROCKFORD RESCUE MISSION		36 : 6132381
	Number, street, and room or suite no If a P O box, see instructions P.O BOX 1958		For IRS use only
	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)

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ JAN DANAHER
  Telephone No ▶ (815) 965-5332 FAX No ▶ (815) 965-0033
- If the organization does not have an office 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 is for

4 I request an additional 3-month extension of time until AUGUST 15, 20 10

5 For calendar year ..., or other tax year beginning OCTOBER 1, 20 08, and ending SEPTEMBER 30, 20 09

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

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE FORM 990 THIS IS THE FIRST YEAR WE HAVE COMPLETED THE NEW FORM 990, AND, IN ADDITION, WE NEEDED TO AMEND OUR PRIOR YEAR RETURN BEFORE THIS YEAR'S RETURN COULD BE COMPLETED

8a	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	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c	**Balance Due.** Subtract line 8b from line 8a 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	8c	$

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form

Signature ▶ Richard Lark Title ▶ CHAIRMAN Date ▶ 5/12/10