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Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form
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)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

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

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

C Name of organization
ROCC INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
437 N MAIN

City or town, state or country, and ZIP + 4
SEYMOUR, MO 65746

D Employer identification number
32-0240087

E Telephone number
(417) 935-9111

F Group Exemption Number
▶

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

G Accounting method Cash Accrual
Other (specify) ▶

I Website: WWW.THEROCCONLINE.COM

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 33,102

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

Revenue	
1 Contributions, gifts, grants, and similar amounts received	1 11,371
2 Program service revenue including government fees and contracts	2 19,744
3 Membership dues and assessments	3
4 Investment income	4
5a Gross amount from sale of assets other than inventory	5a 500
b Less cost or other basis and sales expenses	5b 346
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 154
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
a Gross revenue (not including \$ of contributions reported on line 1)	6a
b Less direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe)	8 1,487
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 32,756
Expenses	
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 20,625
13 Professional fees and other payments to independent contractors	13 6,060
14 Occupancy, rent, utilities, and maintenance	14 12,016
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe)	16 52,504
17 Total expenses. Add lines 10 through 16	17 91,205
Net Assets	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -58,449
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 0
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 -58,449

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0 22	19,377
23 Land and buildings	0 23	207,289
24 Other assets (describe)	0 24	5,834
25 Total assets	0 25	232,500
26 Total liabilities (describe)	0 26	290,949
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27	-58,449

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses	
<p>What is the organization's primary exempt purpose? IT IS THE MISSION OF THE ROCC TO SERVE OUR COMMUNITIES THROUGH OUTREACH SERVICES AND QUALITY PROGRAMS TO MEET THE NEEDS OF ALL PEOPLE, HELPING EACH INDIVIDUAL TO RAISE THEIR OWN LIVING STANDARDS FOR THEMSELVES, THEIR COMMUNITY AND THE SURROUNDING AREAS THE MINISTRY OF THE ROCC IS VERY MUCH IN DEMAND THROUGH OUR NEIGHBORHOODS, AS WE SEE THROUGH DEMOGRAPHICS WE HAVE 29.7% OF THE POPULATION IN OUR AREA BELOW THE POVERTY LINE THE SEYMOUR AREA, OUT OF 10 DIFFERENT ZIP CODES IN THE LOCAL AREA, SHOWS THE HIGHEST POVERTY LEVEL AND IT IS THE THIRD HIGHEST IN POPULATION WE ALSO SEE UNEMPLOYMENT LEVELS CONTINUE TO RISE BETWEEN 2.8% - 3.3% WITHIN A 3-COUNTY SPREAD OUR GOALS THROUGH THE ROCC ARE TO DETERMINE A NEED THROUGH APPLIED RESEARCH, PROVIDE ASSISTANCE, TRAINING AND EDUCATION AND TO CHANGE CIRCUMSTANCES AND LIVES</p> <p>Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title</p>	(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule) <input type="checkbox"/>		
(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>	32	11,757

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Yes No

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

33 No

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes

34 No

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?

35a No

b If "Yes," has it filed a tax return on Form 990-T for this year?

35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

36 No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a 0

b Did the organization file Form 1120-POL for this year?

37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?

38a No

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

39 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on line 9

39a

b Gross receipts, included on line 9, for public use of club facilities

39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

40b No

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

40e No

41 List the states with which a copy of this return is filed

42a The organization's books are in care of MIKE BARLOW Telephone no (417) 935-9111 437 N MAIN Located at SEYMOUR, MO ZIP + 4 65746

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42b No

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.

c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country

42c No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.

44 No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.

45 No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a Did the organization make any transfers to an exempt non-charitable related organization?		No
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000 **0**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 **0**

Please Sign Here

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

Signature of officer: ***** Date: 2010-05-10

Type or print name and title: DELILAH JOHNSON PRESIDENT

Paid Preparer's Use Only

Preparer's signature: GREGORY W BUSH Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: BUSH RAMLOW & SHORE PC, 2832 S INGRAM MILL RD STE 100, SPRINGFIELD, MO 65804

Preparer's identifying number (See instructions): _____

EIN: _____ Phone no: (417) 877-0505

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ROCC INC

Employer identification number

32-0240087

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

(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									

Part II Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")					10,275	10,275
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 through 3					10,275	10,275
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)						
6 Public Support. Subtract line 5 from line 4						10,275

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4					10,275	10,275
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets					1,459	1,459
11 Total support (Add lines 7 through 10)						11,734

12 Gross receipts from related activities, etc (See instructions)

12	
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13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage
14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))

14	87.570 %
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15 Public Support Percentage for 2008 Schedule A, Part II, line 14

15	
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16a 33 1/3% support test—2009. 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—2008. If the organization did not check the 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—2009. 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—2008. 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 IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. 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—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

Additional Data

Software ID:
Software Version:
EIN: 32-0240087
Name: ROCC INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
<p>28 WORK AND WITNESS PROGRAM THE ROCC IS ABLE TO WORK THROUGH SEVERAL COMMITTEES AND SERVICE ORGANIZATIONS TO BRING IN TEAMS TO HELP IN VARIOUS PROJECTS THROUGHOUT MANY COMMUNITIES IN 2009, WE WERE ABLE TO BRING IN MISSION TEAMS, HOUSE AND FEED THEM AT OUR FACILITY, IN ORDER TO HELP OUT WITH NATURAL DISASTERS THAT STRUCK OUR COMMUNITIES IN THE FORM OF TORNADOS AND FLOODING, AS WELL AS MAN-MADE DISASTERS THROUGH THIS WORK WE WERE ABLE TO HELP FAMILIES REBUILD THEIR LIVES IN PROVIDING FREE LABOR FOR CONSTRUCTION ON HOMES THAT HAD BEEN AFFECTED AND FREE LABOR IN REMOVING AFFECTED HOMES OF STORM DEBRIS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	2,606
<p>29 DAY CAMP IN OUR LOCAL COMMUNITIES WE HAVE FOUND THERE ARE MANY PARENTS THAT CANNOT AFFORD ONGOING PAID CHILD CARE WHILE THEY ARE AT THEIR JOBS EARNING A LIVING TO PROVIDE FOR THEIR FAMILIES THIS IS EVEN MORE EVIDENT IN THE SUMMER WHEN PARENTS HAVE TO PROVIDE FULL-TIME CHILD CARE WHEN SCHOOL IS NOT IN SESSION THE ROCC IS HAPPY THAT WE CAN ASSIST THESE PARENTS IN PROVIDING A NO-COST DAY CAMP THROUGHOUT THE ENTIRE SUMMER FOR CHILDREN, THAT DUE DO FINANCIAL CONDITIONS, WORK SCHEDULES OR OTHER EXTENUATING CIRCUMSTANCES, NEED HELP THROUGH OUR CAMP IN 2009, WE SAW MORE THAN 45 CHILDREN COME THROUGH OUR DOORS THAT WE WERE ABLE TO ASSIST WITH DURING THE SUMMER MONTHS WE WERE ABLE TO PROVIDE FREE BREAKFASTS AND LUNCHES, BIBLE LESSONS, GAMES, CRAFTS, MUSIC AND FIELD TRIPS TO EACH OF THESE CHILDREN IN ORDER TO KEEP THEM ACTIVE AND LEARNING THROUGHOUT THE SUMMER MONTHS WHILE THEY ARE OUT OF SCHOOL WHEN SCHOOL RETURNED TO SESSION, WE WERE ABLE TO HOST A BACK-TO-SCHOOL OUTREACH WHERE WE ASSISTED 100 SCHOOL CHILDREN WITH BACKPACKS AND SCHOOL SUPPLIES FOR THE UPCOMING SCHOOL YEAR (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	29a	1,422
<p>30 GARY NORTH BUILDING PROJECT THE ROCC WAS PLEASED TO BE ABLE TO HELP A FAMILY IN NEED THROUGH THE GARY NORTH BUILDING PROJECT MR NORTH WAS DIAGNOSED WITH LOU GEHRIG'S DISEASE AND NEEDED SEVERAL REPAIRS DONE TO HIS HOME THAT HE COULD NOT ACCOMPLISH BECAUSE OF HIS FAILING HEALTH THE ROCC WAS ABLE TO STEP UP TO THE PLATE TO RAISE FUNDS IN ORDER TO COVER THE COSTS OF LABOR AND CONSTRUCTION AS WELL AS PROVIDE THE CREW NECESSARY TO COMPLETE THE TASK MR NORTH AND HIS WIFE WERE SO GRATEFUL FOR THE OVERWHELMING ASSISTANCE THAT THEY GAVE BACK TO THE ROCC THROUGH THE VOLUNTEERING OF THEIR TIME ON A COUPLE OF EVENTS HELD LATER IN THE YEAR IT IS TRULY ALL ABOUT HELPING OTHERS AND THEN PASSING ON THAT VISION SO THAT THOSE HELPED BECOME THE HELPERS, TOUCHING COUNTLESS OTHER LIVES DOWN THE ROAD (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	30a	4,930
<p>THE ROCC OFFERS MANY MINISTRIES, SUCH AS ANGEL FOOD, WHERE FAMILIES CAN PURCHASE BOXES OF FOOD FOR \$30 THAT NORMALLY RETAIL FOR AT LEAST \$60, WITHOUT HAVING TO BE APPROVED OR IN FINANCIAL CRISIS ALL PEOPLE ARE ABLE TO PURCHASE THESE BOXES OF BLESSINGS WE WORK IN CONJUNCTION WITH WHEELS FOR THE WORLD, A JONI AND FRIENDS' FLAGSHIP MINISTRY THAT PROVIDES WHEELCHAIRS, WALKERS, CRUTCHES AND CANES TO PEOPLE ALL OVER THE WORLD WHO CANNOT AFFORD THEM THROUGH OUR CONNECTION WITH MINISTRIES SUCH AS THIS, THE ROCC IS NOT ONLY A REGIONAL OUTREACH MINISTRY, WE ARE NOW ABLE TO TOUCH LIVES ALL AROUND THE GLOBE THE ROCC HOSTED A 5K RUN THAT HELPED PROVIDE THANKSGIVING AND CHRISTMAS FOOD BASKETS FOR 25 FAMILIES IN NEED THE ROCC WORKS THROUGH THE AMERICAN RED CROSS, SALVATION ARMY, FEMA, SEMA AND OTHER ORGANIZATIONS TO PROVIDE ASSISTANCE WITH MAN-MADE AND NATURAL DISASTERS WE ARE ABLE TO PROVIDE OUR FACILITY, OUR LABOR, OUR TEAMS AND OUR LOVE TO MAKE A DIFFERENCE IN SO MANY LIVES (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		2,799

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DELILAH JOHNSON 437 N MAIN SEYMOUR, MO 65746	PRESIDENT 10 00	0	0	0
ANTHONY CAPON 437 N MAIN SEYMOUR, MO 65746	BOARD MEMBER 1 00	0	0	0
TINA JOHNSON 437 N MAIN SEYMOUR, MO 65746	SECRETARY 1 00	0	0	0
GREG JOHNSON 437 N MAIN SEYMOUR, MO 65746	BOARD MEMBER 10 00	0	0	0
DOUG JOHNSON 437 N MAIN SEYMOUR, MO 65746	BOARD MEMBER 1 00	0	0	0
MICHAEL ROBERTS 437 N MAIN SEYMOUR, MO 65746	BOARD MEMBER 1 00	0	0	0
CONNIE ROBERTS 437 N MAIN SEYMOUR, MO 65746	BOARD MEMBER 1 00	0	0	0
SHELLY CAPON 437 N MAIN SEYMOUR, MO 65746	BOARD MEMBER 1 00	0	0	0
TOM ROST 437 N MAIN SEYMOUR, MO 65746	BOARD MEMBER 1 00	0	0	0
JIM TOOLEY 437 N MAIN SEYMOUR, MO 65746	SITE DIRECTOR 40 00	20,625	0	0
MIKE BARLOW 437 N MAIN SEYMOUR, MO 65746	VICE PRESIDENT 1 00	0	0	0
CINDY BARLOW 437 N MAIN SEYMOUR, MO 65746	TREASURER 1 00	0	0	0

TY 2009 Other Assets Schedule**Name:** ROCC INC**EIN:** 32-0240087

Description	Beginning of Year Amount	End of Year Amount
LOAN FEES, NET OF AMORTIZATION	0	2,471
Other Depreciable Assets	0	3,363

TY 2009 Other Expenses Schedule**Name:** ROCC INC**EIN:** 32-0240087

Description	Amount
TELEPHONE	1,887
SUPPLIES	3,044
OFFICE SUPPLIES	1,599
PAYROLL TAXES	763
TRASH	177
TRAVEL	1,039
GRANT WRITING EXPENSE	75
WEBSITE	350
INSURANCE	5,724
ADVERTISING	1,689
RECRUITING	234
DONATIONS	366
INTEREST EXPENSE	18,709
DEPRECIATION	4,915
AMORTIZATION	176
PROGRAM SERVICE EXPENSES	11,757

TY 2009 Other Liabilities Schedule

Name: ROCC INC

EIN: 32-0240087

Description	Beginning of Year Amount	End of Year Amount
ACCRUED EXPENSES	0	1,445
NOTE PAYABLE	0	289,504

TY 2009 Other Revenues Schedule

Name: ROCC INC

EIN: 32-0240087

Description	Amount
MISCELLANEOUS INCOME	1,487

**TY 2009 Transfers Personal Benefits
Contracts Declaration****Name:** ROCC INC**EIN:** 32-0240087**Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.