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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 10-01, 2009, and ending 09-30, 2010	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	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) Room/suite P.O. BOX 1958 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 \$ 3,692,384
	F Name and address of principal officer RICHARD FARB PO BOX 1958, ROCKFORD, IL 61110
I Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527	
J Website ROCKFORDRESCUEMISSION.ORG	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other	
L Year of formation 1964 M State of legal domicile IL	
H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No H(c) Group exemption number	

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 net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	3 9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 9
5 Total number of employees (Part V, line 2a)	5 89
6 Total number of volunteers (estimate if necessary)	6 296
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0
7b Net unrelated business taxable income from Form 990-T, line 34	7b 0
8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,164,841 Current Year 2,773,644
9 Program service revenue (Part VIII, line 2g)	611,587 707,611
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,423 25,826
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e)	111,861 134,212
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,922,712 3,641,293
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	114,255 121,964
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)	1,536,654 1,849,810
16a Professional fundraising fees (Part IX, column (A), line 11e)	166,317 111,256
16b Total fundraising expenses (Part IX, column (D), line 25)	391,333
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,532,321 1,599,818
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	3,349,547 3,682,848
19 Revenue less expenses - Subtract line 18 from line 12	573,165 (41,555)
20 Total assets (Part X, line 16)	Beginning of Current Year 6,633,299 End of Year 6,521,258
21 Total liabilities (Part X, line 26)	388,642 160,066
22 Net assets or fund balances - Subtract line 21 from line 20	6,244,657 6,361,192

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

Stanley VACULUS (CURRENT)

Date

5/16/11

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

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

EEA

Form 990 (2009)

GML

Part III Statement of Program Service Accomplishments**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? ☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses \$ 2,495,960 including grants of \$ _____) (Revenue \$ 2,721,094)
SEE STATEMENT

4b (Code _____) (Expenses \$ 577,576 including grants of \$ _____) (Revenue \$ 617,290)
MISSION MART THRIFT STORES

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses **▶** 3,073,536

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		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		
6	Did the organization maintain any donor advised funds or any similar funds or 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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		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		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
b	Is the organization 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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		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		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		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	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	13	☐	☒	☐
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		☒	☐	☐
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	89	☐	☒	☐
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		☒	☐	☐
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		☐	☐	☒
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		☐	☐	☒
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		☐	☐	☒
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		☐	☐	☒
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		☐	☐	☐
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		☐	☐	☒
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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		☐	☐	☒
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		☐	☐	☒
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		☐	☐	☒
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		☐	☐	☒
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		☐	☐	☐
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		☐	☐	☐
9	Sponsoring organizations maintaining donor advised funds.			☐	☐	☐
a	Did the organization make any taxable distributions under section 4966?	9a		☐	☐	☒
b	Did the organization make a distribution to a donor donor advisor, or related person?	9b		☐	☐	☒
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 For each "Yes" response to lines 2 through 7b below and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	9	
b	Enter the number of voting members that are independent	9	
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?	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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, 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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		X
b		
11	X	
11a		
12a	X	
b	X	
c	X	
13	X	
14	X	
15		
a	X	
b	X	
16a		X
b		
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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- 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

☐ Check this box if the organization did not compensate any current officer, director, or trusteeForm 990 (2009)

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	Director	Officer	Key	Highest	Former	Employee			
1b Total									66,256	0	27,330

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

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 but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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, 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	2,773,644			
	g	Noncash contributions included in lines 1a-1f \$		299,299			
	h	Total. Add lines 1a-1f		2,773,644			
Program Service Revenue	2a	RESALE SHOPS	Business Code	452000	540,208	540,208	
	b	RECYCLE OF BULK GOODS		900099	77,082	77,082	
	c	CAFE		722210	90,321	90,321	
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		707,611			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			25,826	25,826
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
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	168,308			
b		Less direct expenses	b	51,091			
c		Net income or (loss) from fundraising events		117,217	117,217		
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	10,868	10,868		
b	MISC RECEIPTS		900099	6,127	6,127		
c							
d	All other revenue						
e	Total. Add lines 11a-11d			16,995			
12	Total revenue. See instructions			3,641,293	867,649	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	121,964	121,964		
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	93,586	60,458	16,564	16,564
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	1,490,886	1,314,461	124,043	52,382
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,847	4,641	2,445	1,761
9 Other employee benefits	141,470	122,399	9,860	9,211
10 Payroll taxes	115,021	100,692	10,222	4,107
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	27,932	4,187	5,611	18,134
d Lobbying				
e Professional fundraising services See Part IV, line 17	111,256			111,256
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	20,704	7,311	6,892	6,501
14 Information technology				
15 Royalties				
16 Occupancy	181,956	169,744	10,069	2,143
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,636	5,636		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	169,552	160,090	9,462	
23 Insurance	81,524	64,861	9,021	7,642
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	537,074	361,652	13,790	161,632
b STATEMENT 4	575,440	575,440		
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,682,848	3,073,536	217,979	391,333
26 Joint Costs. Check here ☒ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
A s s e t s	1 Cash - non-interest-bearing	688,138	1	689,114
	2 Savings and temporary cash investments	918,046	2	938,059
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	16,497	4	20,594
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	253,646	8	228,642
	9 Prepaid expenses and deferred charges	46,687	9	36,156
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 6,917,305		
	b Less accumulated depreciation	10b 2,315,716		
		4,697,759	10c	4,601,589
	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	12,526	15	7,104	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,633,299	16	6,521,258	
L i a b i l i t i e s	17 Accounts payable and accrued expenses	169,483	17	160,066
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	219,159	25	
	26 Total liabilities. Add lines 17 through 25	388,642	26	160,066
N e t A s s e t s o f F u n d s	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,227,904	27	6,334,272
	28 Temporarily restricted net assets	16,753	28	26,920
	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	6,244,657	33	6,361,192
	34 Total liabilities and net assets/fund balances	6,633,299	34	6,521,258

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its methods of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
2b	X	
2c	X	
2d		
3a		X
3b		

EEA

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

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: (For lines 1 through 11, check only one box.)

- 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).
- 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 supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

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

h Provide the following information about the supported organization(s).

(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 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) 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")	2,450,624	2,429,846	2,648,377	3,236,421	2,773,644	13,538,912
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	2,450,624	2,429,846	2,648,377	3,236,421	2,773,644	13,538,912
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						13,538,912

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	2,450,624	2,429,846	2,648,377	3,236,421	2,773,644	13,538,912
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,404	16,981	34,315	34,423	25,826	115,949
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)	19,019	22,302	13,754	15,608	16,995	87,678
11 Total support. Add lines 7 through 10						13,742,539
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 2009 (line 6, column (f) divided by line 11, column (f))	14	98.52	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15		%
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 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 - 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 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) 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 sec 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 section 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 ☐

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 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 Tax 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 tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 acquisition, 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 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 the 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	64,731	49,632			
b Contributions	1,875	15,099			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	66,606	64,731			

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

- a Board designated or quasi-endowment ☒ 100.00 %
 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		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	6,917,305		2,315,716	4,601,589
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,601,589

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

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

(a) Description	(b) Book value
GIFT CARDS, DEPOSITS	7,104
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	7,104

1	(a) Description of liability	(b) Amount
	Federal income taxes	
	Total. (Column (b) must equal Form 990, Part X col. (B) line 25.)	

Schedule D (Form 990) 2009

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,641,293
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,682,848
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	(41,555)
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	168,090
9	Total adjustments (net) Add lines 4 through 8	9	168,090
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	126,535

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

1	Total revenue, gains, and other support per audited financial statements	1	3,692,384
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	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	51,091
e	Add lines 2a through 2d	2e	51,091
3	Subtract line 2e from line 1	3	3,641,293
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 must equal Form 990, Part I, line 12)	5	3,641,293

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

1	Total expenses and losses per audited financial statements	1	3,565,849
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	51,091
e	Add lines 2a through 2d	2e	51,091
3	Subtract line 2e from line 1	3	3,514,758
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	168,090
c	Add lines 4a and 4b	4c	168,090
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,682,848

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, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Endowment funds intended uses (Part V, line 4)

ENDOWMENT FUNDS ARE BEING HELD FOR FUTURE PROJECTS.

Part XIV Supplemental Information (continued)**02. Other change in net assets (Part XI, line 8)**

NEGATIVE EXPENSE TAKEN ON AUDITED FINANCIAL STATEMENTS TO REVERSE DEFERRED COMPENSATION

LIABILITY \$168,090

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

COST OF FUNDRAISING SPECIAL EVENTS \$51,091 WHICH WAS NETTED AGAINST REVENUE FOR FORM 990

PURPOSES, BUT NOT FOR GAAP FINANCIALS.

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

COST OF FUNDRAISING EVENTS \$51,091 NETTED WITH REVENUE ON FORM 990 BUT NOT ON GAAP

FINANCIAL STATEMENTS.

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

DEFERRED COMPENSATION NEGATIVE EXPENSE WAS RECOGNIZED ON AUDITED FINANCIALS PER GAAP DUE

TO THE LIABILITY BEING REVERSED (\$-195,420). CURRENT YEAR EXPENSE \$27,330 RECOGNIZED ON

FORM 990.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

ROCKFORD RESCUE MISSION MINISTRIES

Employer identification number

36-6132381



Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a ☒ Mail solicitations e ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations f ☒ Solicitation of government grants
c ☒ Phone solicitations g ☒ Special fundraising events
d ☒ In-person solicitations

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 services? ☒ 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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
GATEWAY COMMUNICATIONS	PHONE SOLICI		X	81,748	19,856	61,892
ENEX GROUP	MAIL SOLICIT		X	1,098,493	91,400	1,007,093
Total				1,180,241	111,256	1,068,985

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, Wisconsin, Indiana, Iowa, Michigan,
Florida,

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	(b) Event #2	(c) Other Events	(d) Total Events
		SPECIAL EVEN (event type)	(event type)	(total number)	Add col (a) through col (c)
R e v e n u e	1 Gross receipts	168,308			168,308
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	168,308			168,308
D i r e c t E x p e n s e s	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	51,091			51,091
	10 Direct expense summary Add lines 4 through 9 in column (d)				(51,091)
	11 Net income summary Combine line 3, column (d), and line 10				117,217

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))
R e v e n u e	1 Gross revenue				
D i r e c t E x p e n s e s	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 line 1, column (d), and line 7				

	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 activities 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	

Department of the Treasury
Internal Revenue Service

► Attach to Form 990.

Name of the organization

ROCKFORD RESCUE MISSION MINISTRIES

Employer identification number

36-6132381

Part I	General Information on Grants and Assistance
---------------	---

Table 1. General information on grants and assistance	
1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Form 990 Part IV line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

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

3 Enter total number of other organizations

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

FFA

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

Use Part IV and 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	223		99,491		
CRISIS SHELTER	1,891		6,758		
FEEDING PROGRAM	2,112		14,892		
EDUCATION PROGRAM	95		1,962		
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

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

ROCKFORD RESCUE MISSION MINISTRIES

Employer identification number

36-6132381

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

- | | |
|--|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		
4b		
4c		
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

EEA

Schedule J (Form 990) 2009

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

▶ Complete if the organizations answered "Yes" on Form
990, Part IV lines 29 or 30.
▶ Attach to Form 990.

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		299,299	THRIFT SHOP VALUE
6 Cars and other vehicles				
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

30a 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?

	Yes	No
30a		

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		
----	--	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

32a		
-----	--	--

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
Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

ROCKFORD RESCUE MISSION MINISTRIES

Employer identification number
36-6132381

01. Officer, directors, etc. family relationship (Part VI, line 2)

SOME OFFICERS AND DIRECTORS MAY ENGAGE IN BUSINESS TRANSACTIONS WITH THE ORGANIZATION BUT
COMPETITIVE BIDS ARE OBTAINED.

02. Form 990 governing body review (Part VI, line 11)

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

03. 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.

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

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

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

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

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

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

Federal Supporting Statements

2009 PG01

Name(s) as shown on return

FEIN

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

FORM 990, SCHEDULE D, PART VI, LINE 1E
INVESTMENTS - OTHER

STATEMENT #D1E

DESCRIPTION OF INVESTMENT	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER)	DEPR	BOOK VALUE
LAND, BLDGS, EQUIP	6,917,305	0	2,315,716	4,601,589
TOTAL	6,917,305	0	2,315,716	4,601,589

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

<u>FORM 990 2009-10</u>	<u>SPECIFIC ASSISTANCE TO INDIVIDUALS</u>	<u>STATEMENT 2</u>
-------------------------	---	--------------------

DESCRIPTION	AMOUNT
SUNDRY ASSISTANCE TO HOMELESS, INCLUDING MEDICAL CARE, EDUCATION, AND RECREATION	<u>121,964</u>
TOTAL TO FM 990, SCHEDULE I	<u><u>121,964</u></u>

ROCKFORD RESCUE MISSION MINISTRIES36-6132381FORM 990 2009-10OTHER EXPENSESSTATEMENT 3

<u>DESCRIPTION</u>	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C.) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING</u>
BUILDING MAINT	66,569	64,592	1,240	737
EQUIPMENT REPAIRS	4,656	4,655	1	
DONATED FOOD, CLOTHES HOUSEWARES	247,348	247,348		
EDUCATION/AWARENESS	11,723	8,194	2,171	1,358
POSTAGE	73,101	338	895	71,868
TELEPHONE EXPENSE	15,520	12,522	1,499	1,499
SMALL EQUIPMENT	6,222	5,834	244	144
MISCELLANEOUS	208	94	102	12
OTHER EMPLOYEE EXP	6,000		6,000	
PROMOTION, PUBLICATIONS	92,465	8,390		84,075
R/E TAXES	164		164	
VEHICLE OPERATIONS	10,090	6,677	1,474	1,939
VOLUNTEER OPERATIONS	<u>3,008</u>	<u>3,008</u>		
 TOTAL TO FM 990, PART IX, LN 24a	 <u>537,074</u>	 <u>361,652</u>	 <u>13,790</u>	 <u>161,632</u>

ROCKFORD RESCUE MISSION MINISTRIES36-6132381FORM 990 2009-10MISSION MART THRIFT STORESSTATEMENT 4

<u>DESCRIPTION</u>	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C0) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING</u>
ADVERTISING	2,285	2,285		
BUILDING MAINTENANCE & SUPPLIES	11,832	11,832		
BUILDING INSURANCE	364	364		
BUILDING RENTAL	112,800	112,800		
DEPRECIATION	12,189	12,189		
EDUCATION	407	407		
EQUIPMENT REPAIRS	2,231	2,231		
HEALTH, DISABILITY, & FLEX INS.	20,848	20,848		
LIABILITY & OTHER INSURANCE	3,129	3,129		
OFFICE SUPPLIES & SERVICES	938	938		
PAYROLL TAXES	19,945	19,945		
POSTAGE	61	61		
PURCHASED ITEMS FOR RESALE	23,335	23,335		
SALARIES & WAGES	271,055	271,055		
SMALL EQUIPMENT PURCHASES	341	341		
RETAIL SUPPLIES	4,811	4,811		
OTHER SUPPLIES	12,367	12,367		
TELEPHONE	2,166	2,166		
UTILITIES	53,796	53,796		
VEHICLE INSURANCE	1,600	1,600		
VEHICLE OPERATION	4,814	4,814		
MISCELLANEOUS	1,854	1,854		
WORKER'S COMPENSATION INS.	12,272	<u>12,272</u>		
 TOTAL TO FM 990, PART IX, LN 24	 575,440	 575,440	 0	 0

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

Form 990 - 2009-10

BALANCE SHEET
OTHER LIABILITIES

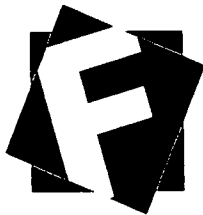
STATEMENT 7

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
FUNDS HELD FOR RESIDENTS	0	0
ACCRUED LONG-TERM COMPENSATION	<u>219,159</u>	<u>0</u>
TOTAL TO FORM 990, PART X, LINE 25	<u>219,159</u>	<u>0</u>

Rockford Rescue Mission Ministries

Audited Financial Statements

For the years ended September 30, 2010 and 2009



Farrell & Associates CPAs, LLC

Rockford Rescue Mission Ministries

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Supplemental Material	
Supplemental Schedules of Resale Store Expenses	14



Certified Public Accountants
Business Advisors

Farrell & Associates CPAs, LLC

Edgebrook Center
1639 North Alpine Road, Suite 100
Rockford, IL 61107

p 815 229 1900
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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, 2010 and 2009, 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, 2010 and 2009, 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
November 15, 2010

Rockford Rescue Mission Ministries

Statements of Financial Position

<i>September 30,</i>	<i>2010</i>	<i>2009</i>
Assets		
Current assets		
Cash and cash equivalents (Note 1)	\$ 689,114	\$ 688,138
Board designated accounts (Note 1)	938,059	918,046
Accounts receivable	10,418	11,247
Pledges receivable (Note 4)	10,176	5,250
Bequest receivable	10,000	-
Inventories (Notes 1 and 3)	228,642	253,646
Prepaid expenses	36,156	46,687
Total current assets	1,922,565	1,923,014
Property, plant, and equipment, less accumulated depreciation (Notes 1 and 5)	4,601,589	4,697,759
Other assets		
Gift cards	303	5,725
Deposits	6,801	6,801
Total other assets	7,104	12,526
Total assets	\$ 6,531,258	\$ 6,633,299

<i>September 30,</i>	<i>2010</i>	<i>2009</i>
Liabilities and net assets		
Current liabilities		
Accounts payable	\$ 22,691	\$ 56,966
Accrued payroll	120,647	101,794
Other accrued expenses	16,728	10,723
Current portion of deferred compensation (Note 9)	-	27,330
Total current liabilities	160,066	196,813
Deferred compensation, less current portion (Note 9)	-	191,829
Total liabilities	160,066	388,642
Net assets		
Unrestricted		
Board designated	938,059	918,046
Undesignated	5,406,213	5,309,858
Temporarily restricted (Note 11)	26,920	16,753
Total net assets	6,371,192	6,244,657
Total liabilities and net assets	\$ 6,531,258	\$ 6,633,299

See accompanying independent auditors' report and notes to financial statements

Rockford Rescue Mission Ministries

Statements of Activities

Years ended September 30,			2010			2009		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total		
Support and revenue:								
Public support	\$ 2,604,832	\$ 37,821	\$ 2,642,653	\$ 2,990,435	\$ 39,961	\$ 3,030,396		
In-kind contributions	299,299	-	299,299	367,984	-	367,984		
Sales from resale shops	540,208	-	540,208	516,356	-	516,356		
Sales of bulk clothing and recycled materials	77,082	-	77,082	57,574	-	57,574		
Café sales	90,321	-	90,321	37,657	-	37,657		
Interest income	25,826	-	25,826	34,423	-	34,423		
Vending	10,868	-	10,868	8,648	-	8,648		
Other revenue	6,127	-	6,127	6,960	-	6,960		
Net assets released from restrictions	27,654	(27,654)	-	34,538	(34,538)	-		
Total support and revenue	3,682,217	10,167	3,692,384	4,054,575	5,423	4,059,998		
Expenses								
Program services	2,790,678	-	2,790,678	2,701,510	-	2,701,510		
Supporting services								
Management and general	243,631	-	243,631	231,030	-	231,030		
Fundraising	531,540	-	531,540	528,767	-	528,767		
Total supporting services	775,171	-	775,171	759,797	-	759,797		
Total expenses	3,565,849	-	3,565,849	3,461,307	-	3,461,307		
Increase in net assets	116,368	10,167	126,535	593,268	5,423	598,691		
Net assets, beginning of period	6,227,904	16,753	6,244,657	5,634,636	11,330	5,645,966		
Net assets, end of period	\$ 6,344,272	\$ 26,920	\$ 6,371,192	\$ 6,227,904	\$ 16,753	\$ 6,244,657		

See accompanying independent auditors' report and notes to financial statements

Rockford Rescue Mission Ministries

Statements of Cash Flows

<i>Years ended September 30,</i>	<i>2010</i>	<i>2009</i>
Cash flows from operating activities		
Change in net assets	\$ 126,535	\$ 598,691
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation including resale shops' depreciation of \$12,189 and \$10,509, respectively	181,741	172,732
(Increase) decrease in assets		
Accounts, pledges and bequests receivable	(14,097)	45,696
Inventories	25,004	(32,887)
Prepaid expenses	10,531	(8,110)
Other assets	5,422	(3,528)
Increase (decrease) in liabilities.		
Accounts payable	(34,275)	39,563
Accrued expenses and other liabilities	(194,301)	(46,587)
Net cash provided by operating activities	106,560	765,570
Cash flows from investing activities		
Purchases of property, plant, and equipment	(85,571)	(251,415)
Funds transferred to Board designated account	(20,013)	(868,414)
Net cash used in investing activities	(105,584)	(1,119,829)
Net increase (decrease) in cash and cash equivalents	976	(354,259)
Cash and cash equivalents, beginning of period	688,138	1,042,397
Cash and cash equivalents, end of period	\$ 689,114	\$ 688,138

See accompanying independent auditors' report and notes to financial statements

Rockford Rescue Mission Ministries

Statements of Functional Expenses

Years ended September 30,

2010

	<i>Program Services</i>	<i>Management and General</i>	<i>Fund- raising</i>	<i>Total</i>
Building maintenance and supplies	\$ 64,592	\$ 1,240	\$ 737	\$ 66,569
Building insurance	4,222	139	62	4,423
Building rental	30,612	-	-	30,612
Client assistance, including supplies	121,964	1,139	-	123,103
Depreciation	160,090	9,462	-	169,552
Direct mail	-	-	111,256	111,256
Donated food	247,348	-	-	247,348
Donated professional services	28,127	24,465	3,725	56,317
Education	8,194	2,171	1,358	11,723
Employee and board activities	-	6,000	-	6,000
Equipment repairs	4,655	1	-	4,656
Health insurance	119,360	9,053	9,211	137,624
Interest	-	5,636	-	5,636
Liability insurance	11,951	3,585	1,230	16,766
Life insurance	3,039	807	-	3,846
Office supplies and services	7,311	6,892	6,501	20,704
Other promotional activities	8,390	-	84,075	92,465
Payroll taxes	94,531	10,222	10,268	115,021
Postage	338	895	71,868	73,101
Professional fees	4,187	5,611	18,134	27,932
Real estate taxes	-	164	-	164
Resale store expenses	577,576	-	-	577,576
Retirement	4,641	2,445	1,761	8,847
Salaries and wages	1,269,015	140,607	147,520	1,557,142
Small equipment purchases	5,834	244	144	6,222
Special events	-	-	51,747	51,747
Telephone	12,522	1,499	1,499	15,520
Utilities	139,132	4,481	2,143	145,756
Vehicle insurance	3,646	71	1,123	4,840
Vehicle operation	6,677	1,474	1,939	10,090
Volunteer operations	3,008	-	-	3,008
Workers' compensation insurance	45,042	5,226	5,227	55,495
Deferred compensation expense	(195,420)	-	-	(195,420)
Miscellaneous	94	102	12	208
Total functional expenses	\$ 2,790,678	\$ 243,631	\$ 531,540	\$ 3,565,849
Percentage of total expenses	78.26%	6.83%	14.91%	100.00%

2009

	<i>Program Services</i>	<i>Management and General</i>	<i>Fund- raising</i>	<i>Total</i>
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
Percentage of total expenses	78.05%	6.67%	15.28%	100.00%

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, 2010 and 2009. 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 2010 and 2009 to reserve \$871,453 and \$853,315, respectively, 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 \$66,606 and \$64,731 as of September 30, 2010 and 2009, 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:

	<u>Years</u>
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 2009 balances to be consistent with the 2010 presentation.

Rockford Rescue Mission Ministries

Notes to Financial Statements

Subsequent Events

Subsequent events have been evaluated through the date of the report, which was the date the financial statements were available to be issued.

Note 2. Related Party Transactions

Two relatives of the executive director provided employment services to the Mission during the year ended September 30, 2010, in the amount of \$52,913 and one relative of the executive director provided employment services during the year ended September 30, 2009, in the amount of \$16,752.

Note 3. Inventories

Inventories at September 30, 2010 and 2009, consist of the following:

<i>September 30,</i>		<i>2010</i>		<i>2009</i>
Donated food and supplies	\$	58,221	\$	22,650
Vocational training food and supplies		6,388		8,262
Donated clothing and housewares, intended for resale		159,950		218,651
Music and books		4,083		4,083
Total inventories	\$	228,642	\$	253,646

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.

Rockford Rescue Mission Ministries

Notes to Financial Statements

The Mission received a \$3,000 pledge from a local church in fiscal year 2010 and 2009, to be paid monthly over a 12-month period beginning in April 2010 and March 2009, respectively.

Additionally, the Mission received a \$5,425 pledge from an individual in fiscal year 2010, which is to be paid from stock that the individual sold. The pledge was received in October 2010.

The receivable balances of the pledges were \$10,176 and \$5,250 at September 30, 2010 and 2009, respectively.

Rockford Rescue Mission Ministries

Notes to Financial Statements

Note 5. Property, Plant, and Equipment

Property, plant, and equipment consist of the following:

	<i>September 30,</i>	<i>2010</i>	<i>2009</i>
Land	\$	539,507	\$ 539,507
Building and improvements		5,503,496	5,492,402
Parking lots		16,049	16,049
Kitchen equipment		105,186	105,186
Program furnishings and equipment		279,910	279,910
Vehicles		94,345	73,083
Musical instruments and sound equipment		13,675	13,675
Office equipment		91,292	91,292
Tools and equipment		44,474	42,082
Computer equipment		121,505	83,636
Store fixtures and equipment		103,707	93,413
Projects in process		4,159	-
Total property, plant, and equipment		6,917,305	6,830,235
Accumulated depreciation		(2,315,716)	(2,132,476)
Net property, plant, and equipment	\$	4,601,589	\$ 4,697,759

See accompanying independent auditors' report

Rockford Rescue Mission Ministries

Notes to Financial Statements

Note 6. Line-of-Credit

At September 30, 2010 and 2009, the Mission had an unused line-of-credit for \$1,000,000 with a bank. The interest rate at September 30, 2010 and 2009, was 4.50 percent. The agreement will expire March 12, 2011. The line is secured by promises to give and property, plant, and equipment.

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 expired in May 2010, and was not renewed since the program no longer exists. The Women's Center lease began in August 2009 and expires in July 2011. Minimum rental commitments are \$128,910 for the year ended September 30, 2011. Rent expense for the years ended September 30, 2010 and 2009, was \$143,412 and \$141,196, 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 discretionary contributions of \$9,383 and \$0 during the years ended September 30, 2010 and 2009, respectively.

Note 9. Deferred Compensation

Deferred compensation represented the present value of compensation granted to a Co-founder during 2008 for prior service. Such compensation represented payments of \$32,500 annually for the life of the employee. The present value was determined at an annual rate of 3 percent using published life expectancy tables. Payments ceased when the Co-founder passed away in August 2010. The remaining liability was written off at that time.

Rockford Rescue Mission Ministries

Notes to Financial Statements

Note 10. Supplemental Cash Flow Information

Cash paid for interest expense was \$5,636 and \$6,974 for the years ended September 30, 2010 and 2009, respectively.

Note 11. Restricted Net Assets

Temporarily restricted net assets consist of the following at September 30, 2010 and 2009:

<i>September 30,</i>		<i>2010</i>		<i>2009</i>
Programs	\$	14,405	\$	16,753
County of Winnebago grant for case worker		12,515		-
Total temporarily restricted net assets	\$	26,920	\$	16,753

Rockford Rescue Mission Ministries

Supplemental Schedules of Resale Store Expenses

<i>Years ended September 30,</i>		<i>2010</i>		<i>2009</i>
Advertising	\$	2,285	\$	1,662
Building maintenance and supplies		11,832		8,433
Building insurance		364		729
Building rental		112,800		98,880
Depreciation		12,189		10,509
Donated professional services		880		207
Education		407		122
Equipment repairs		2,231		902
Health insurance		20,848		25,340
Liability insurance		3,129		1,900
Life insurance		720		-
Office supplies and services		938		1,201
Payroll taxes		19,945		17,602
Postage		61		112
Purchased items for resale		23,335		25,194
Retirement		536		-
Salaries and wages		271,055		250,062
Small equipment purchases		341		735
Retail supplies		4,811		2,129
Other supplies		12,367		11,603
Telephone		2,166		1,648
Utilities		53,796		60,919
Vehicle insurance		1,600		1,998
Vehicle operation		4,814		4,438
Workers' compensation insurance		12,272		7,406
Miscellaneous		1,854		436
Total resale store expenses	\$	577,576	\$	534,167

See accompanying independent auditors' report

COPY

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **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 File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	ROCKFORD RESCUE MISSION	36-6132381
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	715 WEST STATE STREET	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
ROCKFORD IL 61102		

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 11.
- 5** For calendar year 2009, or other tax year beginning OCTOBER 1, 20 09, and ending SEPTEMBER 30, 20 10.
- 6** If the tax year entered in line 5 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 SUBSEQUENT TO THE ORIGINAL 3 MONTH EXTENSION REQUEST, SEVERAL KEY PEOPLE IN THE ORGANIZATION LEFT. ONE OF THESE WAS THE DIRECTOR OF HUMAN RESOURCES. THEREFORE THE DIRECTOR OF FINANCE ASSUMED A ROLE WHICH INCLUDED THE H.R. DEPARTMENT, AND INFORMATION FROM THE FILING YEAR HAS NEEDED TO BE ACCUMULATED FOR PAYROLL RELATED PORTIONS OF THE 990. THEREFORE, ADDITIONAL TIME IS REQUESTED FOR AN ACCURATE RETURN. WE HOPE THE RETURN WILL BE FILED WELL BEFORE THE DATE

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, 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  Title DIRECTOR OF BUSINESS OPERATIONS Date 4/20/2011