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Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

Open to Public Inspection

<u>A</u>	FOR U	e 2011 calendar year, or tax year beginning	IUL 1, 2011 and	ending J	UN 30, 20.	1.2
В	Check i applical	C Name of organization			D Employer iden	tification number
	Addi		TABLE ASSOCIATIO	N		
L	Nam	ge			36-	-6077650
F	Initia retur Term	Number and street (of P.U box it mail is not de	elivered to street address)	Room/suite	E Telephone nun	nber 5-961-7106
F	Ame Ame retur	ided O			G Gross receipts \$	188,053.
₹	Appl		242		H(a) Is this a grou	
_	pend				for affiliates?	Yes X No
		120 W. STATE STREET, RC		0.5	j .	included? Yes No
_	Tayrox	empt status: X 501(c)(3) 501(c) (	(insert no ) 4947(a)(1)		1 ' '	h a list. (see instructions)
		te: NOCKFORDROTARY.ORG	(misert no ) +3+1 (u)(1)	<u> </u>	H(c) Group exemp	, , ,
			ssociation Other	I Vaar		M State of legal domicile IL
	art I	Summary				
ø	1	Briefly describe the organization's mission or mos	t significant activities: ${ m TO} { m \ P}$	ROVIDE	LEADERSH	IP SUPPORT
Activities & Governance		FOR AT RISK YOUTH WITHIN	THE COMMUNITY.			
Ĕ	2	Check this box   If the organization disco	ntinued its operations or dispos	sed of more	than 25% of its ne	t assets.
ŏ	3	Number of voting members of the governing body	(Part VI, line 1a)			3 14
<u>ග</u> නේ	4	Number of independent voting members of the go	everning body (Part VI, line 1b)		L	4 14
es	5	Total number of individuals employed in calendar	year 2011 (Part V, line 2a)			5 0
ξį	6	Total number of volunteers (estimate if necessary)				6 50
(cti	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12		[:	7a 0.
•	Ь	Net unrelated business taxable income from Form	990-T, line 34			7ь О.
	T -				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)			5,945	10,961.
Revenue	9	Program service revenue (Part VIII, line 2g)		C	0.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d)		25,894	19,153.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d		2,100		
	12	Total revenue - add lines 8 through 11 (must equal		33,939		
<u> </u>	13	Grants and similar amounts paid (Part IX, column			39,464	
9	14	Benefits paid to or for members (Part IX, column (/	•		<del></del> _	0.
Š	15	Salaries, other compensation, employee benefits (	·		C	0.
Expenses	1	Professional fundraising fees (Part IX, column (A),			C	0.
10.0	1	Total fundraising expenses (Part IX, column (D), lin	· .	0.	······································	
10	17	Other expenses (Part IV, column (A), lines 11a-11d	11624a)		15,676	16,914.
	18	Total expenses, Add lines 13-17 (must equal Part I	X column (A) line 25)	<b></b>	55,140	
	19	Total expenses Add lines 13-17 (must equal Part I Revenue less expenses Subtract line 18 from line	RECEIVED		<21,201	
58				<del> </del>	ginning of Current Yea	<del></del>
ages	20	Total assets (Part X, line 16)	S NOV 1 5 2012	Ö 📑	1,010,005	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	1994 INDEX 2 4 6010 1	Ø \	0	<del></del>
E.E	22	Net assets or fund balances. Subtract line 21 from	n s		1,010,005	989,668.
Pa	art II	Signature Block	()(GL)(ZIV, L))			
		Ities of perjury, I declare that I have examined this return,	including accompanying schedules	and stateme	ents, and to the best of	my knowledge and belief, it is
		t, and complete Declaration of preparer (other than office				,
		- Mallin William	Ve		1/	8-12-
Sig	n	Signature of officer			Date	
Her		Thorosupon	_			
	•	Type or print name and title	<del></del>			<del></del>
			Prenarer's sinnature	D	ate Check	PTIN
Paid	ı	DAN G. LOESCHER	Preparer's signature		10/22/12 if self-emp	P00096569
	arer	Firm's name LOESCHER & ASSOC		L_	Firm's EIN	36-4038006
	Only	Firm's address 6845 WEAVER ROAD			5 2.14	
	J,	ROCKFORD, IL 611			Phone no	815-637-9584
—— Max	the II	S discuss this return with the preparer shown abo			7. 110110 110	X Yes No

Forn	1 990 (2011) ROCKFORD ROTARY CHARITABLE ASSOCIATION 36-6077650 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: TO PROVIDE LEADERSHIP SUPPORT FOR AT RISK YOUTH IN AN EFFORT TO
	IMPROVE THE PERFORMANCE AND OUTCOME OF THE STUDENTS IN THE ROCKFORD
	PUBLIC SCHOOL DISTRICT FOR THE BENEFIT OF THE GENERAL PUBLIC.
2	Did the appropriate undertake any profile of process and process during the year which were not listed as
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-F7?  Yes X No
	the prior Form 990 or 990 EZ? Yes X 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?
	Tf-"Yes;"-describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	
	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 \$ 34,734 • including grants of \$ 27,028 • ) (Revenue \$)
	ROTARY ACADEMY PROGRAM - THE ROTARY ACADEMY PROGRAM IS ROCKFORD ROTARY
	CHARITABLE ASSOCIATION'S SIGNATURE PROJECT. THE ROTARY ACADEMY IS A
	LEADERSHIP PROGRAM FOR AT RISK YOUTH IN THE ROCKFORD PUBLIC SCHOOL
	LEADERSHIP AND TEAMWORK TRAINING, SUCH AS PARTICIPATION IN A HIGH ROPES
	COURSE OFFERED BY THE LOCAL YMCA, CRITICAL THINKING TRAINING, ETIQUETTE
	TRAINING AND RELATED EDUCATIONAL ACTIVITIES USUALLY INVOLVING A GROUP
	SERVICE PROJECT BY THOSE PARTICIPATING AT EACH OF THE DISTRICT'S MIDDLE
	SCHOOLS. THIS REPRESENTS A VERY SUBSTANTIAL ONGOING ACTIVITY FOR THE
	BENEFIT OF THE GENERAL PUBLIC IN EFFORTS TO IMPROVE THE PERFORMANCE AND
	OUTCOME OF THE STUDENTS IN THE ROCKFORD PUBLIC SCHOOL DISTRICT.
4b	(Code) (Expenses \$
	CENTRAL STATES ROTARY YOUTH EXCHANGE PROGRAM - THE ROCKFORD ROTARY
	CHARITABLE ASSOCIATION SUPPORTS THE CENTRAL STATES ROTARY YOUTH
	EXCHANGE PROGRAM (CSRYE). THE CSRYE IS A MULTI-DISTRICT PROGRAM FOR
	INBOUND FOREIGN EXCHANGE STUDENTS THAT INCLUDES THE SEVENTEEN
	DISTRICTS IN THE GREAT LAKES AREA. THE CSRYE GOAL IS TO PROMOTE THE
	ADVANCEMENT OF INTERNATIONAL UNDERSTANDING, GOODWILL AND PEACE AT THE
	PERSON TO PERSON LEVEL AND IS FOR HIGH SCHOOL AGED STUDENTS, AGED
	16-18, INTERESTED IN LIVING AND STUDYING ABROAD FOR ONE YEAR.
	E 145
4c	(Code) (Expenses \$5, 145. including grants of \$5, 145. (Revenue \$)
	COLLEGE SCHOLARSHIPS - BASED ON A GENEROUS GIFT FROM THE BROTHER OF A
	DECEASED MEMBER, THE ROCKFORD ROTARY CHARITABLE ASSOCIATION ESTABLISHED
	A SCHOLARSHIP PROGRAM BY WHICH THE PRINCIPALS OF THE 10 AREA HIGH
	SCHOOLS SELECT A TEACHER AND A MALE AND FEMALE SENIOR STUDENT TO BE
	RECOGNIZED FOR THEIR COMMUNITY SERVICE WITH THE STUDENTS INVITED TO
	WRITE AN ESSAY ABOUT THEIR COMMUNITY SERVICE TO BE CONSIDERED FOR A
	SCHOLARSHIP. THE ESSAYS ARE REVIEWED BY A COMMITTEE OF THE ROCKFORD
	ROTARY CHARITABLE ASSOCIATION AND TWO OF THE STUDENTS, ONE MALE, ONE
	FEMALE, ARE SELECTED TO RECEIVE A \$2,000 SCHOLARSHIP EACH FOR THEIR
	FIRST YEAR OF COLLEGE OR OTHER POST-SECONDARY EDUCATION.
	THE THE OF COUNTY OF CHINK LODI-PROUPLET BROCKLION.
	MUE DOOVEDDD DOMARY GUARTMARY AGGOCTAMION MAG AT GO DUNDED MYO
	THE ROCKFORD ROTARY CHARITABLE ASSOCIATION HAS ALSO FUNDED TWO
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 21,637 • including grants of \$ 9,730 •) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 67,004.
	Form 990 (2011)

Form 990 (2011) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C. Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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 X 9 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IXI, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d 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 Х Part X. line 16? If "Yes." complete Schedule D. Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D. Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization Х or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G. Part II 18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form **990** (2011)

19

20a

20b

X

19

complete Schedule G, Part III

ROCKFORD ROTARY CHARITABLE ASSOCIATION Form 990 (2011) ROCKFORD ROTARY CH
Part IV Checklist of Required Schedules (continued)

-			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	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	22	]	Х
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	23		Х
24a				
_ :-	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	24a		X
ь		24b		
c				
Ŭ	any tax-exempt bonds?	24c		
-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	2.40	<del>                                     </del>	
250	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	230		
D				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		Х
00	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		Х
^-	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		1	
	If "Yes," complete Schedule N, Part I	31		<u> X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>_x</u>
34	Was the organization related to any tax-exempt or taxable entity?		İ	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
88	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	38	X L	

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Form 990 (2011) ROCKFORD ROTARY CHARITABLE ASSOCIATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	)				
b		]				
С		]				
	(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 0					
b		2b				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	30000000	~i~~			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
ь	If "Yes," enter the name of the foreign country:					
	See instructions for 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		<u>X</u>		
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			i		
	any contributions that were not tax deductible?	6a		X		
þ	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).			17		
а	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 7b		X		
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_	1	v		
	to file Form 8282?	7c		<u>X</u>		
	If "Yes," indicate the number of Forms 8282 filed during the year	_	1	Х		
e	,	7e 7f		$\frac{\Lambda}{X}$		
f ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
9 h		79 7h	-			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	<del></del>				
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	1			
9	Sponsoring organizations maintaining donor advised funds.			***********		
	Did the organization make any taxable distributions under section 4966?	9a	1			
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					
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:		- 1			
a	Gross income from members or shareholders		- 1			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		- 1			
	amounts due or received from them.)		- 1			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del></del>		
	Note. See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand			····		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	- 1			

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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.

	Check if Schedule O contains a response to any question in this Part VI		<u>.                                    </u>		_	<u>X</u>
Sec	tion A. Governing Body and Management					
			•		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			1		1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O					1
b	Enter the number of voting members included in line 1a, above, who are independent	1b_	1	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other		/ /	···· `
	officer, director, trustee, or key employee?			2		X
3	Did the organization-delegate-control over management duties customarily performed by or under the	e direc	t supervision			1
	of officers, directors, or trustees, or key employees to a management company or other person?			3	<u> </u>	X
4	Did the organization make any significant changes to its governing documents since the prior Form \$	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5	<u> </u>	X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	point	one or		1	
	more members of the governing body?			7a	X	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or	1	İ	
	persons other than the governing body?			7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following			, ,, ,,,,
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	it the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	<u> </u>	<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Ri	evenue	Code)			
					Yes	No
10a	a Did the organization have local chapters, branches, or affiliates?					_X
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	e filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cont	licts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	scnbe			
	ın Schedule O how this was done			12c		<u>X</u>
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		$\frac{X}{X}$
þ	Other officers or key employees of the organization			15b	,	<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	th a			
	taxable entity during the year?			16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	=			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ızatıon	's			
	exempt status with respect to such arrangements?	_		16b		
	ion 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	(Section	on 501(c)(3)s only) a	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request	_				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, coi	nflict o	interest policy, and	d finan	cıal	
	statements available to the public during the tax year.			_		
20	State the name, physical address, and telephone number of the person who possesses the books an	d reco	rds of the organizat	ion P	·	
	TOM SCOVILLE - 815-961-7106					
	501 SEVENTH STREET, ROCKFORD, IL 61104					

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

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

(A)	(B)		~ -		C)	-	-	(D)	(E)	(F)
Name and Title	Average hours per week	box offi	, unle	Pos heck	more rson	than s bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustæ	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DANIEL LIEBOVICH	0.50	х						0.	0.	0.
DIRECTOR	0.30	^			├	-	-	0.		
(2) JUDY EMERSON DIRECTOR	0.50	X						0.	0.	0.
(3) RUSSELL JOHANSSON DIRECTOR	0.50	X						0.	0.	0.
(4) ELSON TURCOTTE										
DIRECTOR	0.50	X						0.	0.	0.
(5) LINDA GERBER										
DIRECTOR	0.50	X						0.	0.	0.
(6) S. SHEPARD BLUMENTHAL	]						ļ			
DIRECTOR	0.50	X						0.	0.	0.
(7) RICHARD VIDAL	0.50	v						0.	0.	0
DIRECTOR	0.30	Х				-	_		<u> </u>	0.
(8) CYNTHIA DROLLINGER DIRECTOR	0.50	x						0.	0.	0.
(9) ELAINE HARRINGTON										
PROGRAM DIRECTOR	0.50	х						0.	0.	0.
(10) SUZANNE BERGER									·	
PAST PRESIDENT	0.50	Х						0.	0.	0.
(11) CAROLYN M. ALLISON										
SECRETARY	0.50			X				0.	0.	0.
(12) TOM SCOVILLE										
TREASURER	0.50			X				0.	0.	0.
(13) JAMES M. COFFEY	]		,			l j				
ASST. SECRETARY	0.50			Х				0.	0.	0.
(14) TERRY D. ANDERSON		İ						_		
CHAIRMAN SPECIAL PROJECTS	0.50			Х				0.	0.	0.
(15) BRENT WARD					İ	-		_	_	_
ASST, TREASURER	0.50		_	X				0.	0.	0.
(16) MICHAEL DONNELLY		- 1	-						_	•
PRESIDENT	0.50			X		_		0.	0.	0.
(17) ROBERT CANFIELD	0.50	- 1		_				_	_	•
PRESIDENT-ELECT	0.50			X		1		0.	0.	0.

		ROTARY	CI	IAH	RI	ΓAJ	BLI	<u> </u>	ASSOCIATION	36-6	077	<u>650</u>	P	age 8
Pa	T VII Section A. Officers, Directors, Tru		mple	руес			High	est	T	rees (continued)				
	(A) Name and title	(B) Average hours per week	box	, unie	Pos heck	erson	than is bot or/trus	h an	( <b>D</b> )  Reportable  compensation  from	Reportable compensation from related		an	(F) stimate nount other	of
<del></del>		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustee	Officer	Кеу ептріоуве	Highest compansated employee	<b>Готе</b>	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fr org and	pensa om th anizat d relat anizati	ne tion ted
·		·			<u></u>		-							
			 	ļ 		-								
		<del></del>			-			-			-	<del>-</del>		
						_					_			
						<u> </u>				·				
											_			
												<del>-</del>		
1b	Sub-total						<b>&gt;</b>		0.		0.			0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)						<b>&gt;</b>		0.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportab	le ——		V	0
3	Did the organization list any <b>former</b> officer, of line 1a? If "Yes," complete Schedule J for su		stee	e, ke	y en	nplo	yee,	or h	highest compensated er	mployee on		3	Yes	No X
4	For any individual listed on line 1a, is the sur and related organizations greater than \$150	m of reportabl								he organization		4		х
5	Did any person listed on line 1a receive or an rendered to the organization? If "Yes," comp	ccrue compen	sati	on fi	rom	any	unre			dual for services	,	5	7777	х
Sec	tion B. Independent Contractors	_			<u></u>									
1	Complete this table for your five highest conthe organization. Report compensation for the										ipensa	ation fr	om	
	<b>(A)</b> Name and business a	address	NO	NE			_		<b>(B)</b> Description of se	ervices	C	(C ompen		n
<u>.</u>	<del></del>	<u>.                                    </u>												
_		·- <u>-</u>						$\perp$						
_		<del></del> -						1						
2	Total number of independent contractors (inc	cludina but na	ot lim	nted	l to t	hos	e list	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	_				0		_						

Pal	T VII	Statement of Revel	*	w	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
S,E		Fundraising events	1c					,
ar la	d	Related organizations	1d					
<u> </u>	е	Government_grants_(contribut	tions) 1e				The second second second	And Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews An
-   S	f	_All_other_contributions, gifts, gran	its, and					
<u>- 3 8 -</u>		similar amounts-not-included-abo	ve1f	1.0-,-9.6.1 •	Section 1	2 2 2 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3	, , , , , , , , , , , , , , , , , , ,	A CONTRACTOR OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF TH
	9	Noncash contributions included in lines	s 1a-1f \$					
<u>8</u> 0	h	Total. Add lines 1a-1f		<u> </u>	10,961.			
				Business Code	_		_	
8	2 a							
e e	b							
r S	C							
Program Service Revenue	d	·						
Š	е		<del></del>					
-	f	All other program service reve	enue					
_	9		doudende inte					
	3	Investment income (including other similar amounts)	dividends, inte	lest, and	19,538.			19,538.
		income from investment of ta	v.evemnt bond	proceeds	15,555			
	4 5	Royalties	x-exempt bond	proceeds •				
	3	noyaities	(ı) Real	(ii) Personal				
	6 a	Gross rents	(y rical	(ii) i ciocitai				
	b							
ŀ	c							
		Net rental income or (loss)		<b>•</b>				
		Gross amount from sales of	(I) Securities	(II) Other				
		assets other than inventory	140,059					
	b	Less. cost or other basis						
		and sales expenses	140,444					
	С	Gain or (loss)	<385	.>				
	d	Net gain or (loss)		<u> </u>	<385.	>		<385.
<u>o</u>	8 a	Gross income from fundraisin	g events (not					
Other Revenu		including \$	of					
Š		contributions reported on line	1c). See					
e l		Part IV, line 18	ē	•				
듄	b	Less: direct expenses	t	·				
		Net income or (loss) from fund		<u> </u>				
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19						
- 1		Less: direct expenses		·				
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances	6					
		Less: cost of goods sold	l 	) L			:	
⊦	С	Net income or (loss) from sale		Puerson Cada				
	11 ~	Miscellaneous Revenu POLIO PLUS DINN		Business Code 900099	14,155.	14,155	:	
		ROTARY ACADEMY		900099	3,340.	14,155. 3,340.	<del></del>	
		TOTAL HOUDBILL			0,010		<u> </u>	
	c d	All other revenue						
	_	Total. Add lines 11a-11d			17,495.			
-	12	Total revenue. See instructions		<b>▶</b> i	47,609.	17,495.	0.	19,153.
132009 01-23-								Form <b>990</b> (2011)

### 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).

	Check if Schedule O contains a respor	nse to any question in th	ıs Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	51,032.	51,032.		
2	Grants and other assistance to individuals in the United States, See Part IV, line 22				And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
	Grants and other assistance to governments,				200
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	<del></del>			
10	Payroll taxes			<u> </u>	
11	Fees for services (non-employees)				
a					
D	Legal				
C	Accounting				
0	Lobbying Professional fundraising services See Part IV, line 17				
f	Investment management fees				
			·		
9 12	Advertising and promotion	421.	421.		
13	Office expenses	92.	92.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel		·		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DOLLO DING DINNED	8,266.	8,266.		
b	ACADEMY DINNER	7,193.	7,193.		
c	MDUCM PEEC	782.		782.	
d	SCHWAB ACCOUNT FEES	135.		135.	
е	All other expenses	25.		25.	
25	Total functional expenses. Add lines 1 through 24e	67,946.	67,004.	942.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** (A) End of year Beginning of year 182,502. 73,159. 1 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section-4958(f)(4)); persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10c 10b b Less accumulated depreciation 807,166. 936,846. 11 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 989,668. 1,010,005. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 

X and complete lines 30 through 34. 1,010,005. 989,668. 30 30 Capital stock or trust principal, or current funds 0. 31 Paid in or capital surplus, or land, building, or equipment fund 31 0. 32 Retained earnings, endowment, accumulated income, or other funds 32 989,668. 1,010,005. 33 33 Total net assets or fund balances

989,668. Form **990** (2011)

1,010,005.

Total liabilities and net assets/fund balances

Form	1990 (2011) ROCKFORD ROTARY CHARITABLE ASSOCIATION	36-0	<u> 5077650</u>	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>			
				~ ~	
1	Total revenue (must equal Part VIII, column (A), line 12)	_1			09.
2	Total expenses (must equal Part IX, column (A), line 25)	2			46.
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> </u>	37.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,01	0,0	05.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	98	9,6	68.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII	., ., .		<u>.</u>	
-				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	The Table 1 to the second of the transfer of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of the terms of	-	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,	ľ		ĺ
	review, or compilation of its financial statements and selection of an independent accountant?		2c		ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue				
	separate basis, consolidated basis, or both:		l		1
	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 Si	ngle Audi	t		
	Act and OMB Circular A-133?		3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audi			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		

Form **990** (2011)

### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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.

OMB No. 1545-0047

Inspection

Name of the organization

ROCKFORD ROTARY CHARITABLE ASSOCIATION

Employer identification number

36-6077650 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. d Type III · Other b Type II c \_\_\_ Type III - Functionally integrated a L\_\_\_ Type I 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (III) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organizátion in col organization in col (i) listed in your organization in col organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? US? above or IRC section (see instructions)) Yes Yes Yes

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Total

Schedule A (Form 990 or 990-EZ) 2011 ROCKFORD ROTARY CHARITABLE ASSOCIATION 36-6077650 Page 2

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

	ction A. Public Support	<del></del>	. — —							
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	5,820.	5,301.	11,446.	5,945.	10,961.	39,473.			
2	Tax revenues levied for the organ-									
	ization'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	l <u> </u>								
4	Total. Add lines 1 through 3	5,820.	5,301.	11,446.	5,945.	10,961.	39,473.			
5	The portion of total contributions				***	A-A				
	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		***************	<u></u>	<del>i i , i i <b>s i</b> i i i i i i i i i i i i i i i i i i</del>		39,473.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
	Amounts from line 4	5,820.	5,301.	11,446.	5,945.	10,961.	(f) Total 39,473.			
8	Gross income from interest,						<del></del>			
	dividends, payments received on									
	securities loans, rents, royalties		ì							
	and income from similar sources	35,325.	32,141.	26,476.	24,160.	19,538.	137,640.			
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)		j							
11	Total support. Add lines 7 through 10	<del></del>					177,113.			
	Gross receipts from related activities,	etc. (see instructio		<u>.</u>		12	3,085.			
	First five years. If the Form 990 is for	-	•	l. fourth, or fifth ta	ו x vear as a section					
	organization, check this box and stop	•	mot, socoma, time	, 1001111, 01 111111 14	A your do a coolier	, 00, (0)(0)	▶ [~~]			
Sec	tion C. Computation of Publi		centage							
	Public support percentage for 2011 (li			olumn (f))	1	14	22.29 %			
	Public support percentage from 2010			· · · · · · · · · · · · · · · · · · ·		15	28.62 %			
	33 1/3% support test - 2011. If the o	•	•	line 13, and line 1	_					
	stop here. The organization qualifies a			,			▶□			
ь	33 1/3% support test - 2010. If the o		•	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qualif	~		•		•	▶[]			
17a	10% -facts-and-circumstances test	•	• • •		13, 16a, or 16b. a	nd 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.									
ь	b 10% -facts-and-circumstances test - 2010. 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									
	organization meets the "facts-and-circle									
18	Private foundation. If the organization						<u>.</u> ▶□			

### 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

Se	ction A. Public Support	relow, piease com	picto i urt ii.j		_		
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	Include any "unusual grants ")	1					
2	Gross receipts from admissions,						
_	merchandise sold or services per-	1					ľ
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	•					
3	• • • • • • • • • • • • • • • • • • • •						
3	Gross receipts from activities that				ļ		1
	are not an unrelated trade or bus- iness under section 513						
					<del> </del>	<del> </del>	<del> </del>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				ļ		<del></del>
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					ļ	
6	Total. Add lines 1 through 5						
7 8	Amounts included on lines 1, 2, and		1				
	3 received from disqualified persons						
t	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						
•	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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	İ					
	acquired after June 30, 1975	İ					
,	Add lines 10a and 10b					<del></del>	
11	Net income from unrelated business						
• •	activities not included in line 10b,	1	}		}	1	
	whether or not the business is					i	
12	regularly carried on						
14	Other income. Do not include gain or loss from the sale of capital	1					
	assets (Explain in Part IV)			<del></del>	<del> </del>	<del>                                     </del>	
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here		.—				
Sec	tion C. Computation of Publi			····-			
15	., , ,		-	olumn (f))		15	%
	Public support percentage from 2010					16	<u>%</u>
	tion D. Computation of Inves					ı <del></del> -	
17	Investment income percentage for 20	<b>11</b> (line 10c, colur	nn (f) divided by lin	e 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2011. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	▶∟_
b	33 1/3% support tests - 2010. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here</b> . The orga	nızatıon qualifies a	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization						▶

Schedule A	(Form 990 or 990-EZ) 2011	ROCKFORD	ROTARY	CHARITABLE	ASSOCIATION	36-6077650	Page 4
Part IV	Supplemental Inform	nation. Comple	te this part to	provide the explanatio	ns required by Part II, lin	e 10; Part II, line 17a or	17b;
•	and Part III line 12 Also c	omplete this part	for any additio	nal information (See in	netructione)		

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

THE ROCKFORD ROTARY CHARITABLE ASSOCIATION PRIMARILY RECEIVES ITS PUBLIC

SUPPORT FROM THE 180 PLUS MEMBERS OF THE ROCKFORD ROTARY CLUB AND FRIENDS

OF ROTARY. THE ROCKFORD ROTARY CLUB MEETS WEEKLY AND PUBLISHES A WEEKLY

NEWSLETTER. AT BOTH THE WEEKLY MEETINGS AND IN THE WEEKLY NEWSLETTER,

THERE ARE RECURRING SOLICITATIONS FOR SUPPORT FOR THE ROCKFORD ROTARY

CHARITABLE ASSOCIATION. SMALL CONTRIBUTIONS ARE RECEIVED ON AN ALMOST

WEEKLY BASIS THROUGHOUT THE 10 MONTHS OF THE YEAR (SEPTEMBER THROUGH JUNE)

WHEN THE ROCKFORD ROTARY CLUB MEETS.

THE ROCKFORD ROTARY CHARITABLE ASSOCIATION HAS

EXISTED SINCE 1922 WHEN IT WAS FORMED TO OWN AND OPERATE A SUMMER CAMP FOR

DISADVANTAGED BOYS. THAT WAS ITS PRIMARY FOCUS UNTIL 1978 WHEN ITS BOARD

OF DIRECTORS DETERMINED THAT IT LACKED THE RESOURCES TO MAKE REQUIRED

"LIFE SAFETY" UPGRADES TO ITS FACILITIES RESULTING IN THE DONATION OF THE

REAL ESTATE WHERE CAMP ROTARY WAS OPERATED TO THE LOCAL WINNEBAGO COUNTY

FOREST PRESERVE DISTRICT.

FROM 1978 UNTIL 1998, THE ROCKFORD ROTARY

CHARITABLE ASSOCIATION OPERATED LIKE A MINI-UNITED WAY MAKING ANNUAL

GRANTS TO UP TO 30 PUBLICLY SUPPORTED CHARITABLE ORGANIZATIONS INVOLVED IN

EDUCATION, YOUTH, THE ELDERLY, THE POOR, AND THE DISABLED. BEGINNING 1998

AS A RESULT OF LONG-RANGE PLANNING, THE ROCKFORD ROTARY CHARITABLE

ASSOCIATION BEGAN AN EFFORT TO FOCUS ON A SIGNATURE PROJECT WITH ANCILLARY

SUPPORT FOR OTHER INITIATIVES. CURRENTLY, BETWEEN 70% AND 80% OF THE

RESOURCES OF THE ROCKFORD ROTARY CHARITABLE ASSOCIATION ARE NOW USED TO

SUPPORT ITS SIGNATURE PROJECT, THE ROTARY ACADEMY WHICH IS A LEADERSHIP

PROGRAM FOR AT RISK YOUTH IN ROCKFORD PUBLIC SCHOOL DISTRICT 205. IT

Schedule A (Form 990 or 990-EZ) 2011

Schedule A	(Form 990 or 990-EZ) 2011	ROCKFORD	ROTARY	CHARITABLE	<u>ASSOCIATION</u>	<u> 36–6077650</u>	Page 4
Part IV	Supplemental Inform	nation. Complet	te this part to	provide the explanation	ns required by Part II, line	10; Part II, line 17a or	17b;
•	and Part III: line 12. Also c	omplete this part f	or any additio	nal information (See in	structions).		

INVOLVES MIDDLE SCHOOL STUDENTS RECEIVING VARIOUS LEADERSHIP AND TEAMWORK
TRAINING, SUCH AS PARTICIPATION IN A HIGH ROPES COURSE OFFERED BY THE
LOCAL YMCA, CRITICAL THINKING TRAINING, ETIQUETTE TRAINING AND RELATED
EDUCATIONAL ACTIVITIES USUALLY INVOLVING A GROUP SERVICE PROJECT BY THOSE
PARTICIPATING AT EACH OF THE DISTRICTS MIDDLE SCHOOLS. THIS REPRESENTS A
VERY SUBSTANTIAL ONGOING ACTIVITY FOR THE BENEFIT OF THE GENERAL PUBLIC IN
EFFORTS TO IMPROVE THE PERFORMANCE AND OUTCOME OF THE STUDENTS IN THE
ROCKFORD PUBLIC SCHOOL DISTRICT.

BASED ON A GENEROUS GIFT FROM THE BROTHER OF A

DECEASED MEMBER, THE ROCKFORD ROTARY CHARITABLE ASSOCIATION ESTABLISHED A

SCHOLARSHIP PROGRAM BY WHICH THE PRINCIPALS OF THE 10 AREA HIGH SCHOOLS

SELECT A TEACHER AND A MALE AND FEMALE SENIOR STUDENT TO BE RECOGNIZED FOR

THEIR COMMUNITY SERVICE WITH THE STUDENTS INVITED TO WRITE AN ESSAY ABOUT

THEIR COMMUNITY SERVICE TO BE CONSIDERED FOR A SCHOLARSHIP. THE ESSAYS

ARE REVIEWED BY A COMMITTEE OF THE ROCKFORD ROTARY CHARITABLE ASSOCIATION

AND TWO OF THE STUDENTS, ONE MALE, ONE FEMALE, ARE SELECTED TO RECEIVE A

\$2,000 SCHOLARSHIP EACH FOR THEIR FIRST YEAR OF COLLEGE OR OTHER

POST-SECONDARY EDUCATION. RELATIVES OF MEMBERS OF ROTARY ARE INELIGIBLE

FOR CONSIDERATION.

IN ADDITION, THE ROCKFORD ROTARY CHARITABLE

ASSOCIATION HAS FUNDED TWO SCHOLARSHIPS FOR STUDENTS AT ROCKFORD COLLEGE,

ONE IN THE AREA OF CRIMINAL JUSTICE AND THE OTHER IN LIBERAL ARTS. THE

STUDENTS ARE SELECTED BY THE FACILITY AND ADMINISTRATION OF ROCKFORD

COLLEGE, A PRIVATE FOUR YEAR LIBERAL ARTS COLLEGE WHICH IS A 501(C)(3)

ORGANIZATION.

Schedule A-(Form 990 or 990-EZ) 2011 ROCKFORD ROTARY CHARITABLE ASSOCIATION 36-6077650 Page 4  Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
BEEN USED FOR MATCHING CONTRIBUTIONS TO THE ROTARY INTERNATIONAL
FOUNDATION TO ENCOURAGE DONATIONS TO THAT 501(C)(3) ORGANIZATION AS WELL
AS THE ROTARY INTERNATIONAL YOUTH EXCHANGE PROGRAM WHICH INVOLVES A
STUDENT FROM A FOREIGN COUNTRY SPENDING ONE YEAR AS A STUDENT IN A HIGH
SCHOOL IN ROCKFORD IL.
THE GOVERNING BODY OF THE ROCKFORD ROTARY
CHARITABLE ASSOCIATION IS, EX-OFFICIO, THE BOARD OF DIRECTORS OF THE
ROCKFORD ROTARY CLUB WHICH REPRESENTS THE BOARD INTEREST OF THE PUBLIC
BASED ON THE CLASSIFICATION SYSTEM USED BY ROTARY TO INSURE THAT ITS
MEMBERS REFLECT A BROAD CROSS SECTION OF THE PUBLIC. THE MEMBERSHIP
INCLUDES REPRESENTATIVES OF EDUCATION, HEALTH SERVICES, SOCIAL SERVICE
ORGANIZATIONS, RELIGIOUS ORGANIZATIONS, COMMUNITY SERVICE ORGANIZATIONS,
GOVERNMENT REPRESENTATIVES, MANUFACTURING AND SERVICE INDUSTRY
REPRESENTATIVES, RELIGIOUS LEADERS, AND MEMBERS OF THE JUDICIARY.

Schedule I (Form 990) (2011) 2 [] **Employer identification number** 36-6077650 OF THE WORLD'S CHILDREN. PHROUGH THE INOCULATION Open to Public OMB No 1545-0047 2011 COMMUNITY DEVELOPMENT Inspection (h) Purpose of grant ERADICATION OF POLIO JLTIMATE GOAL OF A or assistance X Yes GENERAL SUPPORT 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 Part II can be duplicated if additional space is needed in additional space is needed (if) Method of valuation (book, reluation (book, recash assistance assistance other) 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 <u>:</u>\_ Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, °. ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS ROCKFORD ROTARY CHARITABLE ASSOCIATION 8,230 25,983 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 36-1707667 501(C)(4) 36-2174838 501(C)(3) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization YMCA OF ROCK RIVER VALLEY ROTARY INTERNATIONAL Name of the organization EVANSTON, IL 60201 ROCKFORD, IL 61107 1560 SHERMAN AVE Department of the Treasury Internal Revenue Service SCHEDULE 200 Y BLVD (Form 990) Parti Part

Schedule I (Form 990) (2011) ROCKFORD ROTARY CHARITABLE ASSOCIATION	CHARITA	BLE ASSOCI	ATION		36-6077650 Page 2
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 Part III can be duplicated if additional space is needed	ited States. Com	plete if the organiza	ation answered "Yes"	to Form 990, Part IV, line 22.	
(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
					-
				-	
				-	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	n required in Part I,	line 2, and any other	additional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:		ROTARY INTERNATIONAL	CONAL		
(H) PURPOSE OF GRANT OR ASSISTANCE:		ERADICATION OF I	POLIO THROUGH	сн тнЕ	
INOCULATION OF THE WORLD'S CHILDREN		ULTIMATE GOAL OF	OF A POLIO-FREE	-FREE	
WORLD.					
				-	
				-	
				-	
132.10 01.22.10					Schedule ! (Form 990) (2011)

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

ROCKFORD ROTARY CHARITABLE ASSOCIATION

Employer identification number 36-6077650

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
SCHOLARSHIPS FOR STUDENTS AT ROCKFORD COLLEGE, ONE IN THE AREA OF
CRIMINAL JUSTICE AND THE OTHER IN LIBERAL ARTS. THE STUDENTS ARE
SELECTED BY THE FACILITY AND ADMINISTRATION OF ROCKFORD COLLEGE, A
PRIVATE FOUR YEAR LIBERAL ARTS COLLEGE WHICH IS A 501(C)(3)
ORGANIZATION.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
GRANTS TO OTHER CHARITABLE ORGANIZATIONS - ROCKFORD ROTARY CHARITABLE
ASSOCIATION ANNUALLY MAKES GRANTS TO OTHER CHARITABLE ORGANIZATIONS.
GRANTS WERE MADE TO THE ROTARY YOUTH LEADERSHIP AWARDS (RYLA) AND
ROTARY INTERNATIONAL (POLIO PLUS PROGRAM). BOOKS WERE ALSO PURCHASED
BY THE ORGANIZATION FOR A LOCAL ELEMENTARY SCHOOL.
EXPENSES \$ 21,637. INCLUDING GRANTS OF \$ 9,730. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE ORGANIZATION
ELECT THE DIRECTORS AND OFFICERS WHO ARE EX-OFFICIO DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE
TREASURER AND THE CHAIRMAN OF THE SPECIAL PROJECTS COMMITTEE WHO IS
VOLUNTEER LEGAL COUNSEL FOR THE ORGANIZATION.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S ARTICLES OF
INCORPORATION, BYLAWS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR
INSPECTION BY MEMBERS OF THE PUBLIC UPON REQUEST.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

## Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 36-6077650

ROCKFORD ROTARY CHARITABLE ASSOCIATION Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Sirect controlling entity
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ons (Complete if the organization ans	wered "Yes" to Form 990, Par	t IV, line 34 becaus	e it had one or m	ore related tax-exempt

Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	2(b)(13)   8d
of related organization		foreign country)	section	status (if section	entity	entity?	у2
				501(c)(3))		Yes	2
ROTARY INT'L - ROCKFORD ROTARY CLUB -							
36-6074831, 501 7TH STREET, ROCKFORD, IL							
61104	SERVICE ORGANIZATION	ILLINOIS	501(C)(7)				×
ANDERSON GARDENS - 36-4201695							
318 SPRING CREEK ROAD	INFORMATION ON JAPANESE			LINE 11C,			
ROCKFORD, IL 61107	CULTURE	ILLINOIS	501(C)(3)	III-FI			×
	Ţ···						
	1						

(g) Section 512(b)(13)

Primary activity 

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

Schedule R (Form 990) 2011

132161 01-23-12 LHA

36-6077650 Page 2

Schedule R (Form 990) 2011 ROCKFORD ROTARY CHARITABLE ASSOCIATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Percentage ownership Schedule R (Form 990) 2011 General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Ξ Yes No Share of end-of-year assets 6 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of total income E ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets <u>e</u> <u>6</u> Direct controlling entity Share of total income ত্র Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) ত Primary activity Direct controlling entity ፱ (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 132162 01-23-12 Part IV

# Schedule R (Form 990) 2011 ROCKFORD ROTARY CHARITABLE ASSOCIATION

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

						·
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				÷ •	Yes	S No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			~		- Ja	×
b Giff. grant, or capital contribution to related organization(s)					ţ	×
			-		1	>
c Girt, grant, or capital contribution from related organization(s)				: : : : :	ပ	<  :
<ul> <li>d Loans or loan guarantees to or for related organization(s)</li> </ul>			-	:	19	×
<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>				:	16	×
					ļ	
f Sale of assets to related organization(s)					<b>*</b>	×
g Purchase of assets from related organization(s)					5	×
					7	×
					¥	×
				•		
j Lease of facilities, equipment, or other assets from related organization(s)					;=	×
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)				¥	×
1 Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)				=	×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi				£	×
n Sharing of paid employees with related organization(s)				:	1	×
			-	: ·		
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>					9	×
p Reimbursement paid by related organization(s) for expenses					10	×
			-			
<ul> <li>Qther transfer of cash or property to related organization(s)</li> </ul>					19	×
r Other transfer of cash or property from related organization(s)					1.	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	is line, including covered	relationships and trai	nsaction thresholds.		
(a) :	(Q)	(0)	-	(g)		
Name of other organization	Transaction type (a-r)	Amount involved	-	Method of determining amount involved		
(E)			-			
		:				
(2)						
į			-			
(3)						
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(5)				-		
(a)			-		į	
132163 01-23-12				Schedul	Schedule R (Form 990) 2011	PO) 2011

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(8)	Perc owr	OZ					
L	Gene mana partu	Yes					
6	Code V-UBI amount in box 20 of Schedule K-1	(Form 1065)					
	opo-	o Z					
3	O TO	χ 68		 			ļ
(5)	of /ear						
6)	윤 주						
<b>9</b>	Are all 501(c)(3) orgs 7	ν 0					
(d)	t income related, om tax	Vinder section 512-514)			5 5 5 5		
(5)	nicile oreign						
(b) (c) (d)	Primary activity					·	
(e)	Name, address, and EIN of entity						

Schedule R	(Form 990) 2011	ROCKFORD	<u>ROTARY</u>	CHARITABLE	ASSOCIATION	<u> 36-6077650</u>	Page 5
Part VII	(Form 990) 2011 Supplemental Infor	mation					
<b>4</b> -	Complete this part to pro-	vide additional info	rmation for re-	sponses to questions o	on Schedule R (see instru	ctions).	
	Complete this part to pro	VICE dealtional line	manon for for	Spondoo to quoditano			
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### Rockford Rotary Charitable Association Cost Basis of Investments June 30, 2012

	Beginning	End of
•	of Year	Year
U.S. Treasury Notes	25,041	-
FHLB 11/21/12	25,063	25,063
FHLB-3/20/13	- 25,384	25,384
FHLMC	25,026	-
FNMA DTD 1/9/2009 2.00% Due 1/9/2012	25,001	-
FNMA DTD 1.00% Due 4/4/2012	24,994	-
FNMA DTD 1.50% Due 6/26/2013	25,270	25,270
FNMA DTD 1.00% Due 9/23/2013	24,887	24,887
Wells Fargo Company DTD 8/29/2006 5.3% Due 8/26/2011	19,861	-
Vanguard Euro Stock Index	107,814	107,821
Vanguard Institutional Index	262,282	258,971
Vanguard Pacific Stock Index	41,935	41,640
Vanguard REIT Index	25,726	25,872
Vanguard Emerging Markets	32,505	30,993
Vanguard Small Cap	141,057	136,265
Vanguard Inflation Protected Securities Fund	35,000	35,000
Vanguard Short-Term Bond Index	35,000	35,000
Vanguard Total Bond Market Index Fund	35,000	35,000
Total Cost	936,846	807,166