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Form **990**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

OMB No 1545-0047

**2012****Open to Public Inspection**

<b>A For the 2012 calendar year, or tax year beginning</b> 7/1/2012 <b>and ending</b> 6/30/2013																												
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C Name of organization</b> United Way of Rock River Valley</td> <td><b>D Employer identification number</b> 36-2167843</td> </tr> <tr> <td colspan="2">Doing Business As</td> <td rowspan="3"><b>E Telephone number</b> (815) 968-5400</td> </tr> <tr> <td>Number and street (or P O box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>612 N. Main Street</td> <td>300</td> </tr> <tr> <td colspan="2">City, town or post office, state, and ZIP code</td> <td rowspan="2"><b>G Gross receipts \$</b> 5,188,352</td> </tr> <tr> <td>Rockford</td> <td>IL 61103</td> </tr> <tr> <td colspan="2"><b>F Name and address of principal officer</b> Paul A. Logli 612 N Main Street, Rockford, IL 61103</td> <td> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No          If "No," attach a list (see instructions)       </td> </tr> <tr> <td colspan="2"><b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(c) Group exemption number</b> ▶</td> </tr> <tr> <td colspan="3"><b>J Website:</b> ▶ WWW.Unitedwayrrv.org</td> </tr> <tr> <td colspan="2"><b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>L Year of formation</b> 1920 <b>M State of legal domicile</b> IL</td> </tr> </table>	<b>C Name of organization</b> United Way of Rock River Valley		<b>D Employer identification number</b> 36-2167843	Doing Business As		<b>E Telephone number</b> (815) 968-5400	Number and street (or P O box if mail is not delivered to street address)	Room/suite	612 N. Main Street	300	City, town or post office, state, and ZIP code		<b>G Gross receipts \$</b> 5,188,352	Rockford	IL 61103	<b>F Name and address of principal officer</b> Paul A. Logli 612 N Main Street, Rockford, IL 61103		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶	<b>J Website:</b> ▶ WWW.Unitedwayrrv.org			<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation</b> 1920 <b>M State of legal domicile</b> IL
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities To improve life in the Rock River Valley by mobilizing the caring power of the community. The United Way of Rock River Valley focuses on the three impact areas of Education, Income and Health.
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <span style="float: right;">3 29</span>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <span style="float: right;">4 29</span>
	<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a) <span style="float: right;">5 0</span>
	<b>6</b>	Total number of volunteers (estimate if necessary) <span style="float: right;">6 2,040</span>
	<b>Revenue</b>	<b>7a</b>
<b>b</b>		Net unrelated business taxable income from Form 990-T, line 34 <span style="float: right;">7b 0</span>
<b>8</b>		Contributions and grants (Part VIII, line 1h) <span style="float: right;">4,389,168 4,661,219</span>
<b>9</b>		Program service revenue (Part VIII, line 2g) <span style="float: right;">0 0</span>
<b>10</b>		Investment income (Part VIII, column (A), lines 3-4 and 7d) <span style="float: right;">48,318 96,001</span>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <span style="float: right;">0 0</span>
<b>12</b>		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <span style="float: right;">4,437,486 4,757,220</span>
<b>13</b>		Grants and similar amounts paid (Part IX, column (A), lines 20-3) <span style="float: right;">2,706,359 2,723,863</span>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) <span style="float: right;">0 0</span>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <span style="float: right;">865,215 946,514</span>
<b>Expenses</b>	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) <span style="float: right;">0 0</span>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 484,457
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <span style="float: right;">815,504 898,092</span>
	<b>18</b>	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <span style="float: right;">4,387,078 4,568,469</span>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <span style="float: right;">50,408 188,751</span>
	<b>20</b>	Total assets (Part X, line 16) <span style="float: right;">4,956,370 5,215,662</span>
	<b>21</b>	Total liabilities (Part X, line 26) <span style="float: right;">1,459,257 1,385,115</span>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <span style="float: right;">3,497,113 3,830,547</span>
	<b>23</b>	Beginning of Current Year <span style="float: right;">3,497,113</span>
	<b>24</b>	End of Year <span style="float: right;">3,830,547</span>

**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

<b>Sign Here</b>		2-13-14	Date		
	Signature of officer Paul A. Logli Type or print name and title	President and C.E.O.			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SELF-PREPARED RETURN				
	Firm's name ▶	Firm's EIN ▶		Phone no	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

HTA

9-18 11

**Part 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 improve life in the Rock River Valley by mobilizing the caring power of the community  
The United Way of Rock River Valley focuses on the three impact areas of Education, Income  
and Health.
- 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 3,401,437 including grants of \$ 2,723,863) (Revenue \$ \_\_\_\_\_)  
Grants to local 501 (c) (3) organizations that in partnership with United Way focus on advancing  
the common good by creating opportunities for a better life for all. The programs focus on the  
impact areas of Education, Income, and Health. Because Education is an essential building block  
for a good life, the Education programs focus on helping children become successful in school. The  
Income Programs focus on helping individuals and families become independant and financially  
stable, because people need predictable resources to meet their basic needs, provide for  
emergencies, improve quality of life, and make ongoing investments in lifelong learning in order to  
achieve economic and financial security. The Health Programs include services for victims of abuse,  
addiction treatment, mental illness services, and prescription drug coverage. The United Way of  
Rock River Valley believes in helping drive sustainable change in the health of our community
- 4b** (Code \_\_\_\_\_) (Expenses \$ 338,203 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
United Way Community Services - Serves the community through needs assesments that focuse on  
bringing resources together to address the most pressing needs in the community, as a result the  
United Way coordinates the local FEMA Board, the Letter Carrier Food Drive, and other community  
services. United Way 211 is an information and referral system that connects those in need to  
available resources in the community. This service is accessible via the telephone (211) or  
internet at [www.findhelp211.org](http://www.findhelp211.org). In parternship with the State of Illinois D.C.F.S. Joyner  
Neighborhood Resource Center and Lav Voz Latina, the Family Advocacy Centers (F.A.C.s) are helping  
families stay out of crisis by providing the necessary resources and education for families to  
cope with daily life.
- 4c** (Code \_\_\_\_\_) (Expenses \$ 156,919 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
Education Impact Initiative - Programs in this impact area include: Page Turner, I' Read,  
Kreative K, and Born Learning. The primary goal of the Education Initiative is to ensure that  
children are ready to succeed in the early education setting because quality early learning  
programs have a profound impact on lifelong success and support cognitive, social, and emotional  
development. The education impact initiatives are led by a volunteer advisory council of  
community-based business leaders, educators, and early childhood advocates.
- 4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ \_\_\_\_\_ 0 including grants of \$ \_\_\_\_\_ 0) (Revenue \$ \_\_\_\_\_ 0)
- 4e** Total program service expenses **▶** 3,896,559

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	X	
<b>3</b> 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
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which 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
<b>7</b> 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
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. . . . .	X	
<b>b</b> 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 . . . . .		X
<b>c</b> 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 . . . . .		X
<b>d</b> 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. . . . .	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .	X	
<b>f</b> 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 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</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 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		X
<b>15</b> 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, Parts II and IV . . . . .		X
<b>16</b> 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, Parts III and IV . . . . .		X
<b>17</b> 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 (see instructions) . . . . .		X
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		

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

	Yes	No
<b>21</b> 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 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		X
<b>23</b> 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? <i>If "Yes," complete Schedule J . . . . .</i>		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>25b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		X
<b>27</b> 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 of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		X
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>28c</b> 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? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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 as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
<b>b</b>	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		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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 ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	29	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	29	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
<b>a</b> The governing body? . . . . .	<b>8a</b>	X
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X
<b>9</b> 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 . . . . .	<b>9</b>	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	X
<b>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? . . . . .	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b>	X
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	X
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .		
<b>a</b> The organization's CEO, Executive Director, or top management official. . . . .	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) . . . . .		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☒ Another's website    ☒ Upon request    ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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 and records of the organization ► Theresa Merriman (815) 986-4813  
 612 N Main St Suite 300, Rockford, IL 61103

**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.

- 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 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jennifer C. Baker Director	1.00	X						0		
(2) Steve Balogh Ex-Officio	2.00	X		X				0		
(3) Craig L. Carlson Director	1.00	X						0		
(4) Mary Ellen Commare Director	1.00	X						0		
(5) Becky Cook Kendall Director	1.00	X						0		
(6) William Corey Director	1.00	X						0		
(7) Bill Derry Director	1.00	X						0		
(8) Earl Dotson, Jr. Director	1.00	X						0		
(9) Pam Maher Director	1.00	X						0		
(10) John Gedney Director	1.00	X						0		
(11) Linda Gerber Vice Chair - Secretary	2.00	X		X				0		
(12) Dr. William R. Groski Director	1.00	X						0		
(13) Frank A. Graceffa Director	1.00	X						0		
(14) Dale Hoppe Director	1.00	X						0		



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Wray Howard Chairman	2.00	X		X				0		
(16) Phillip Johnson Director	1.00	X						0		
(17) Harlan Knuth Director	1.00	X						0		
(18) Nick Lauer Director	1.00	X						0		
(19) Cedric Lewis Director	1.00	X						0		
(20) Pat Morrow Treasurer	2.00	X		X				0		
(21) Tom Myers Director	1.00	X						0		
(22) Dan Parod Director	1.00	X						0		
(23) Luz M. Ramirez Director	1.00	X						0		
(24) Jim Ryan Director	1.00	X						0		
(25) Debra Van Driest Director	1.00	X						0		
<b>1b Sub-total</b>								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								177,211	0	45,299
<b>d Total (add lines 1b and 1c)</b>								177,211	0	45,299

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

**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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	<b>0</b>	

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	45,635			
	b	Membership dues	1b	8,868			
	c	Fundraising events	1c	8,653			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	204,826			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,393,237			
	g	Noncash contributions included in lines 1a-1f.	\$	23,991			
	h	<b>Total.</b> Add lines 1a-1f		4,661,219			
	Program Service Revenue	2a	Business Code				
b				0			
c				0			
d				0			
e				0			
f		All other program service revenue		0			
g		<b>Total.</b> Add lines 2a-2f		0			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		37,132		
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)			0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	490,001	0			
	c	Gain or (loss)	431,132	0			
	d	Net gain or (loss)	58,869	0	58,869		58,869
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18	a	0			
	b	Less: direct expenses	b	0			
	c	Net income or (loss) from fundraising events			0		
	9a	Gross income from gaming activities See Part IV, line 19	a	0			
	b	Less: direct expenses	b	0			
	c	Net income or (loss) from gaming activities			0		
	10a	Gross sales of inventory, less returns and allowances	a	0			
b	Less: cost of goods sold	b	0				
c	Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue				Business Code			
11a				0			
b				0			
c				0			
d	All other revenue			0			
e	<b>Total.</b> Add lines 11a-11d			0			
12	<b>Total revenue.</b> See instructions			4,757,220	0	0	96,001

**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).*Check if Schedule O contains a response to any question in this Part IX ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,723,863	2,723,863		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	226,445	131,338	31,703	63,404
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	506,768	293,928	70,943	141,897
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,899	7,481	1,806	3,612
<b>9</b> Other employee benefits	100,711	58,411	14,102	28,198
<b>10</b> Payroll taxes	99,691	57,821	13,957	27,913
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	0			
<b>b</b> Legal	0			
<b>c</b> Accounting	27,279	15,822	3,819	7,638
<b>d</b> Lobbying	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
<b>12</b> Advertising and promotion	18,868	10,943	2,642	5,283
<b>13</b> Office expenses	23,864	13,842	3,339	6,683
<b>14</b> Information technology	21,670	12,568	3,035	6,067
<b>15</b> Royalties	0			
<b>16</b> Occupancy	48,512	28,137	6,792	13,583
<b>17</b> Travel	15,661	9,083	2,193	4,385
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	15,605	9,051	2,185	4,369
<b>20</b> Interest	0			
<b>21</b> Payments to affiliates	44,978	26,088	6,296	12,594
<b>22</b> Depreciation, depletion, and amortization	20,842	12,088	2,918	5,836
<b>23</b> Insurance	8,031	4,658	1,125	2,248
<b>24</b> 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.)				
<b>a</b> Initiative Expenses	417,640	396,103		21,537
<b>b</b> Subscriptions, Publications, and dues	22,155	12,850	3,102	6,203
<b>c</b> Campaign Expenses	88,015			88,015
<b>d</b> Uncollectible Pledges	124,972	72,484	17,496	34,992
<b>e</b> All other expenses	0			
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e.	4,568,469	3,896,559	187,453	484,457
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	957,652	<b>1</b>	454,810
	<b>2</b> Savings and temporary cash investments . . . . .	590,935	<b>2</b>	1,133,869
	<b>3</b> Pledges and grants receivable, net . . . . .	1,620,099	<b>3</b>	1,662,271
	<b>4</b> Accounts receivable, net . . . . .	1,637	<b>4</b>	740
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	40,976	<b>9</b>	43,130
	<b>10a</b> Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 175,796		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 129,021	<b>10c</b>	46,775
	<b>11</b> Investments—publicly traded securities . . . . .	1,066,488	<b>11</b>	1,173,403
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	641,070	<b>15</b>	700,664
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,956,370	<b>16</b>	5,215,662	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	129,516	<b>17</b>	97,145
	<b>18</b> Grants payable . . . . .	1,257,664	<b>18</b>	1,216,003
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	72,077	<b>25</b>	71,967
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,459,257	<b>26</b>	1,385,115
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	1,635,980	<b>27</b>	1,872,737
	<b>28</b> Temporarily restricted net assets . . . . .	1,611,133	<b>28</b>	1,707,810
	<b>29</b> Permanently restricted net assets . . . . .	250,000	<b>29</b>	250,000
	<b>Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances . . . . .</b>	3,497,113	<b>33</b>	3,830,547
	<b>34</b> <b>Total liabilities and net assets/fund balances . . . . .</b>	4,956,370	<b>34</b>	5,215,662

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,757,220
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,568,469
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	188,751
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,497,113
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	153,721
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	-9,038
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,830,547

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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	X	
<b>3a</b> 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?		X
<b>b</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		

## Page 1 of 1

Employer identification number

**36-2167843**

### Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

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

Department of the Treasury  
Internal Revenue Service

**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

**2012**

**Open to Public  
Inspection**

Name of the organization

United Way of Rock River Valley

Employer identification number

36-2167843

**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—Non-functionally integrated
- 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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

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

Schedule A (Form 990 or 990-EZ) 2012

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .	4,430,175	4,303,287	4,363,270	4,389,168	4,661,219	22,147,119
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .	4,430,175	4,303,287	4,363,270	4,389,168	4,661,219	22,147,119
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4 . . . . .						22,147,119

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 . . . . .	4,430,175	4,303,287	4,363,270	4,389,168	4,661,219	22,147,119
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	28,246	20,532	29,713	33,336	37,132	148,959
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .	72,784	111,288	72,399	14,982	58,869	330,322
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						22,626,400
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	97.88%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	<b>15</b>	97.94%
<b>16a</b> <b>33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> <b>33 1/3% support test—2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a</b> <b>10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b</b> <b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>6</b> <b>Total.</b> Add lines 1 through 5	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8</b> <b>Public support</b> (Subtract line 7c from line 6)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	0.00%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	0.00%

**19a** **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

## Part IV

**Supplemental Information.** Complete this part to provide the 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)

Part II Line 10 \$58,869 is derived from the sale of public securities.

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

United Way of Rock River Valley

Employer identification number

36-2167843

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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, and not on a historic structure listed in the National Register . . . . .	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 XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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

**d** ☐ Loan or exchange programs

**b** ☐ Scholarly research

**e** ☐ Other .....

**c** ☐ Preservation for future generations

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

**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 the 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 XIII and complete the following table

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

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

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**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
<b>1a</b> Beginning of year balance	1,197,720	1,191,378	1,007,630	862,794	1,026,894
<b>b</b> Contributions		50,000	50,053	100,291	
<b>c</b> Net investment earnings, gains, and losses	108,901	10,815	190,325	98,136	-117,096
<b>d</b> Grants or scholarships	49,428	47,242	49,346	46,740	40,510
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses	7,345	7,231	7,284	6,851	6,494
<b>g</b> End of year balance	1,249,848	1,197,720	1,191,378	1,007,630	862,794

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

**b** Permanent endowment ..... 21%

**c** Temporarily restricted endowment ..... 79%

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	0		0
<b>b</b> Buildings	0	0	0	0
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	0	175,796	129,021	46,775
<b>e</b> Other	0	0	0	0

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 46,775

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	

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

(a) Description	(b) Book value
(1) Corbett Trust - Beneficial	700,664
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	700,664

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Payable to other organizations	71,967
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	71,967

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

☒

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	4,295,681
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b> 153,721		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 1,960		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	155,681
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,140,000
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 9,038		
<b>b</b>	Other (Describe in Part XIII)	<b>4b</b> 608,182		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	617,220
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12)		<b>5</b>	4,757,220

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	3,962,247
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b> 1,960		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	1,960
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,960,287
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII)	<b>4b</b> 608,182		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	608,182
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18)		<b>5</b>	4,568,469

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

Part XI Line 4b The financial statement total revenue and total expense are reported net

of contributions designated by donors in the amount of \$483,210. The uncollectable pledge

expense of \$124,972 is netted against revenue in the Audited Financial Statement. On the

990 it has been added back to contributions and added to the statement of functional

expenses

Part V Line 4 Endowment earnings are used to fund the annual campaign for grants.

Part X Line 2 The organization was formed as a tax-exempt entity under Section 501 (c) (3)

of the Internal Revenue Code. Management believes the Organization continues to qualify as

**Part XIII Supplemental Information (continued)**

a tax exempt entity. The organization accounts for income tax in accordance with Financial Accounting Standard Board (FASB) Accounting Standards Codification (ASC) Topic 740, Accounting for Uncertainty Income Taxes. The standard provides detailed guidance for the financial statement recognition, measurement and disclosure of uncertain tax positions recognized in an enterprise's financial statements and requires an entity to recognize the financial statement impact of a tax position when it is more likely than not that the position will be sustained upon examination. Management doesn't believe any uncertain tax positions exist at June 30, 2013. The organization's tax years that remain open and subject to possible examination by Federal and State jurisdictions include the tax years of 2010 through 2012.

Part XII Line 4b The financial statement total revenue and total expense are reported net of contributions designated by donors in the amount of \$483,210. The uncollectable pledge expense of \$124,972 is netted against revenue in the Audited Financial Statement. On the 990 it has been added back to contributions and added to the statement of functional expenses.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

United Way of Rock River Valley

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

- 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?
- 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. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Abilities Center, Goodwill Rockford, IL	36-2167846	501 (c) (3)	30,819				Program Support
(2) American Red Cross Rockford, IL	53-0196605	501 (c) (3)	37,117				Program Support
(3) Anglican Organics Poplar Grove, IL	36-4288904	501 (c) (3)	43,583				Program Support
(4) Barbara Olsen Center Of Hope Rockford, IL	36-2212474	501 (c) (3)	45,144				Program Support
(5) Big Brothers Big Sisters Rockford, IL	36-2174838	501 (c) (3)	70,135				Program Support
(6) Blackhawk Learning Connection Rockford, IL	36-2719365	501 (c) (3)	63,268				Program Support
(7) Booker Washington Center Rockford, IL	36-2200240	501 (c) (3)	19,419				Program Support
(8) Boy Scouts Of America, Blackhawk Rockford, IL	36-2169127	501 (c) (3)	91,579				Program Support
(9) Boys And Girls Club Of America Rockford, IL	36-2167840	501 (c) (3)	199,013				Program Support
(10) Careers Etc Rockford, IL	36-3385878	501 (c) (3)	17,513				Program Support
(11) CASA Dixon, IL	36-2167743	501 (c) (3)	10,058				Program Support
(12) Catholic Charities Diocese of Rockford, IL	36-2181998	501 (c) (3)	28,458				Program Support

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	78
3	Enter total number of other organizations listed in the line 1 table	0

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

(HTA)

Schedule I (Form 990) (2012)

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

36-2167843



**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

	(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
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						

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

Part II Line 1 The United Way makes program grants to local agencies, the agencies undergo a screening that includes an application

process, financial review of the organization, and verification of current status as a 501 (c) (3) organization. The organization is

also monitored for program results and compliance with the terms of the grant

Part II Line 1 Organizations receiving donor designations are required to verify current status as a 501 (c) (3) organization

Part II Line 1 Some donor designations are paid directly to the designated agency by a third party; those designations total \$237,629.

# Continuation Sheet for Schedule I (Form 990)

Page 1 of 4

Name of the organization	Employer identification number
United Way of Rock River Valley	36-2167843

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) Childrens Home And Aid Rockford, IL	36-2167743	501 (c) (3)	66,250				Program Support
(14) Comprehensive Com. Solutions Rockford, IL	36-3842309	501 (c) (3)	50,260				Program Support
(15) Discovery Center Rockford, IL	36-3292135	501 (c) (3)	20,842				Program Support
(16) Easter Seals Childrens Development Rockford, IL	36-2169153	501 (c) (3)	39,015				Program Support
(17) Family Counseling Rockford, IL	36-2167065	501 (c) (3)	45,278				Program Support
(18) FOCUS house Rochelle, IL	30-0285702	501 (c) (3)	23,092				Program Support
(19) Girl Scouts, Northern Illinois Rockford, IL	36-2358083	501 (c) (3)	121,508				Program Support
(20) HOPE of Rochelle Rochelle, IL	36-3304863	501 (c) (3)	26,979				Program Support
(21) Harlem Community Center Machesney Park, IL	36-2706406	501 (c) (3)	16,250				Program Support
(22) J.N.R.C. Banner of Truth Rockford, IL	90-0777146	501 (c) (3)	19,235				Program Support
(23) Hub City Senior Center Rochelle, IL	36-3531683	501 (c) (3)	14,926				Program Support
(24) Rosecance Rockford, IL	36-2862928	501 (c) (3)	103,986				Program Support
(25) Kenrook Community Center Rockford, IL	36-2204841	501 (c) (3)	50,924				Program Support
(26) La Voz Latina Rockford, IL	36-2810675	501 (c) (3)	38,059				Program Support
(27) Lifescape Community Service, Inc. Rockford, IL	36-3303361	501 (c) (3)	110,707				Program Support
(28) Lutheran Social Services Dixon, IL	36-2584799	501 (c) (3)	10,795				Program Support
(29) Lydia Home Rockford, IL	36-1412810	501 (c) (3)	74,798				Program Support

# Continuation Sheet for Schedule I (Form 990)

Page 2 of 4

Name of the organization

United Way of Rock River Valley

Employer identification number

36-2167843

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(30) Mt. Morris Senior Citizen Council Mount Morris, IL	36-2938190	501 (c) (3)	5,362				Program Support
(31) Northwest Community Center Rockford, IL	36-2588247	501 (c) (3)	80,168				Program Support
(32) Serenity Hospice and Home Oregon, IL	36-3286347	501 (c) (3)	12,907				Program Support
(33) Patriots Gateway Community Center Rockford, IL	36-4048431	501 (c) (3)	21,175				Program Support
(34) Remedies Renewing Life Rockford, IL	36-2464898	501 (c) (3)	82,416				Program Support
(35) Prairie State Legal Services Rockford, IL	37-1030764	501 (c) (3)	49,880				Program Support
(36) Ramp Rockford, IL	36-3149827	501 (c) (3)	52,114				Program Support
(37) Ogle County Reporting Center Oregon, IL	30-0285702	501 (c) (3)	14,406				Program Support
(38) Pinecrest Community Center Mount Morris, IL	36-2181961	501 (c) (3)	2,500				Program Support
(39) Rochelle Christian Food Pantry Rochelle, IL	36-3265265	501 (c) (3)	6,519				Program Support
(40) Rock River Center Oregon, IL	36-2882818	501 (c) (3)	22,929				Program Support
(41) Rockford Arts Council Rockford, IL	23-7039197	501 (c) (3)	5,235				Program Support
(42) Rockford M.E.L.D. Rockford, IL	36-3347409	501 (c) (3)	50,189				Program Support
(43) Rockford Sexual Assault Counseling Rockford, IL	36-2969015	501 (c) (3)	63,975				Program Support
(44) Saint Elizabeth Catholic Community Cen Rockford, IL	36-2171737	501 (c) (3)	56,561				Program Support
(45) Shelter Care Ministries Rockford, IL	36-3374370	501 (c) (3)	55,648				Program Support
(46) Shinning Star Dixon, IL	30-0135798	501 (c) (3)	12,540				Program Support

# Continuation Sheet for Schedule I (Form 990)

Page 3 of 4

Name of the organization

United Way of Rock River Valley

Employer identification number

36-2167843

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(47) The Literacy Council Rockford, IL	36-3412185	501 (c) (3)	43,868				Program Support
(48) The Salvation Army, Rockford Area Rockford, IL	36-2167910	501 (c) (3)	168,533				Program Support
(49) Village of Progress, Inc Oregon, IL	36-2919569	501 (c) (3)	16,274				Program Support
(50) Youth Services Bureau Rockford, IL	36-3297042	501 (c) (3)	35,235				Program Support
(51) Youth Services Network, Inc. Rockford, IL	36-3297042	501 (c) (3)	16,820				Program Support
(52) YMCA of Rock River Valley Rockford, IL	36-2174838	501 (c) (3)	25,799				Program Support
(53) Zion Development Rockford, IL	36-3229794	501 (c) (3)	24,710				Program Support
(54) Fox Valley United Way Aurora, IL	36-2195467	501 (c) (3)	168				Donor Designation
(55) Bureau County United Way Princeton, IL	51-0245216	501 (c) (3)	240				Donor Designation
(56) Burke County United Way Morganton, NC	56-0929553	501 (c) (3)	260				Donor Designation
(57) Genoa Kingston United Way Genoa, IL	36-3003094	501 (c) (3)	78				Donor Designation
(58) Great Rivers United Way Onalaska, WI	39-0848188	501 (c) (3)	49				Donor Designation
(59) Kishwaukee United Way Dekalb, IL	36-6158489	501 (c) (3)	3,044				Donor Designation
(60) United Way of the Blackhawk Region Janesville, WI	39-6006734	501 (c) (3)	8,273				Donor Designation
(61) United Way of Boone County Belvidere, IL	36-2700861	501 (c) (3)	43,105				Donor Designation
(62) United Way of Central Kane County St Charles, IL	23-7101039	501 (c) (3)	480				Donor Designation
(63) United Way of Dane County Madison, WI	39-0817532	501 (c) (3)	676				Donor Designation

## Continuation Sheet for Schedule I (Form 990)

Page 4 of 4

Name of the organization

United Way of Rock River Valley

Employer identification number

36-2167843

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(64) United Way of Delaware Wilmington, DE	51-0073399	501 (c) (3)	52				Donor Designation
(65) United Way of Dupage County Hinsdale, IL	45-1534557	501 (c) (3)	96				Donor Designation
(66) United Way of Green County Monroe, WI	39-6060531	501 (c) (3)	72				Donor Designation
(67) United Way of Illinois Valley Peru, IL	36-2615431	501 (c) (3)	130				Donor Designation
(68) United Way of Lake County Gurnee, IL	36-2167949	501 (c) (3)	192				Donor Designation
(69) United Way of Lee County Dixon, IL	36-6009288	501 (c) (3)	945				Donor Designation
(70) United Way of Madison County Huntsville, IL	63-0366294	501 (c) (3)	260				Donor Designation
(71) United Way of Mc Henry County McHenry, IL	36-6147909	501 (c) (3)	5,208				Donor Designation
(72) United Way of Metropolitan Chicago Chicago, IL	30-0200478	501 (c) (3)	320				Donor Designation
(73) United Way of Northwest Illinois Freeport, IL	36-2218134	501 (c) (3)	6,125				Donor Designation
(74) United Way of Platteville, Inc. Platteville, WI	39-6044461	501 (c) (3)	240				Donor Designation
(75) United Way of Porter County Valparaiso, IN	35-6006484	501 (c) (3)	104				Donor Designation
(76) United Way of Walworth County Elkhorn, IN	39-1471340	501 (c) (3)	1,224				Donor Designation
(77) United Way of Will County Joliet, IL	36-2515625	501 (c) (3)	520				Donor Designation
(78) Payment by Third Party		501 (c) (3)	237,629				Donor Designation
(79) .....							
(80) .....							

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

United Way of Rock River Valley

36-2167843

Form 990 Part V Section 2 Line A The United Way of Rock River Valley has a contract with Staff

Management, whereby the staff of the United Way of Rock River Valley are employees of Staff

Management via a Professional Employer Agreement. All wage and payroll tax returns are filed

under the FEIN# of Staff Management.

Form 990 Part VI Section B Line 11a The 990 is distributed to the Board of Directors prior to

filing

Form 990 Part VI Section B Line 12c Compliance with the Conflict of Interest policy is

monitored by the Board of Directors

Form 990 Part VI Section B Line 15A The Executive Committee is responsible for setting the

compensation of the President /C.E.O., the meeting is documented.

Form 990 Part XII Line 2C The Audit Committee is comprised of current Board Members

Form 990 Part VI Section C Line 19 The governing documents and conflicts of interest are

available on request, the financial statements and 990 are published on [www.unitedwayrrv.org](http://www.unitedwayrrv.org)

Form 990 Part VI Section A Line 3 The United Way of Rock River Valley has a contract with

Staff Management, whereby the staff of the United Way of Rock River Valley are employees of

Staff Management via a Professional Employer Agreement. All wage and payroll tax returns are

filed under the FEIN# of Staff Management.

Form 990 Part XI Line 5 Net unrealized gain (losses) on investments of \$153,721 includes:

\$11,125 unrealized gain on investment securities in unrestricted net asset class, \$26,189

unrealized gain on investment securities in temporarily restricted net assets, \$116,407

increase in beneficial interest in trust.

Form 990 Part XI Line 7 Total investment expenses of \$9,038; \$1,693 in unrestricted net assets,

and \$7,345 in temporarily restricted net assets

Form 990 The United Way of Rock River Valley is in compliance with membership requirement A

for the United Way Worldwide. The overhead percentage for United Way of Rock River Valley is

14 13% The total expenses for M&G and Fundraising, as found on part IX, line 25 column C and

Name of the organization

Employer identification number

United Way of Rock River Valley

36-2167843

D \$671,910 divided by the total income found on Part VIII line 12 column A \$4,757,220:

calculates to a 14.13% overhead percentage