

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2012

Department of the Treasury

Open to Public Inspection

internal	Revenue	Service The organization	it may have to use a copy of this return to s	sausry state reporting	grequiencino		ороскоп		
A F	or the 2	2012 calend <u>ar year, or tax year begir</u>	nning 10-0	1 , 2012, and en	ding	09-30	, 2013		
B Cr	eck if ap	plicable C Name of organization ROCK	CFORD RESCUE MISSION MINIST	RIES		D Em	ployer identification no		
Ao	ldress ch	ange Doing Business As				36-	6132381		
☐ Na	me char	ge Number and street (or PO bo	Number and street (or PO box if mail is not delivered to street address) Room/suite E						
nr Inr	tial return	(81	5) 965-5332						
Te	rminated	Crty, town or post office, state	, and ZIP code				5,191,844		
	nended r						ss receipts \$		
=			pal officer STAN VALIULIS	·-					
		Same as C above	H(a) Is this a gro affiliates?	up return for	∏ Yes ⊠ No				
I Ta	x-exempt	<u> </u>) ((insert no) 4947(a)(1) or 5	527		ates included	- F		
	ebsite				☐ If "No." attac	ch a list (see	instructions)		
				Year of formation 19		of legal domic			
Par		Summary	Section Conc.	real of formation 13	JO-4 III Guate	or regar dorring	<u> </u>		
L		Briefly describe the organization's missi	ion or most significant activities HOME	LESS SHELTER	PERDING I	DOCDAM	CACE		
)								
ည		·-··	OVERY PROGRAM INCLUDING EDU	•	TIONAL TRA	INING A	ND MEDICAL		
Па	4	AND DENTAL CLINIC. SEE S	STATEMENT 8 FOR MISSION STA	ATEMENT.					
Ver		Check this have. Tif the arganization	n discontinued its operations or disposed of	Emara than 2EW of	to not cocoto				
Activities & Governance	i .	Number of voting members of the gover	•	more than 25 % or t		3	1.0		
ජ	J	•	, ,		• • • • • • • • •	4	10		
iies		,	s of the governing body (Part VI, line 1b)				10		
፷		Total number of individuals employed in	• • • • • • • • • • • • • • • • • • • •			5	92		
Aci	1	Total number of volunteers (estimate if r	• •			6	518		
	ł	Total unrelated business revenue from I	• • • •		• • • • • • • •	7a			
	D	Net unrelated business taxable income	from Form 990-1, line 34			7b			
	_				Рпог Үеаг		Current Year		
Revenue		Contributions and grants (Part VIII, line			3,079,		4,518,219		
Revenue		Program service revenue (Part VIII, line		· · · · · · · · ·	781,		1,051,563		
š	1	Investment income (Part VIII, column (A	A), lines 3, 4, and 7d)	ጎን መጠ⊢	-	746	185,339		
æ	11 1	Other revenue (Part VIII, column (A), lir	nes 5, 6d, 8c, 96, 10c, and 11e)	· (\$) · · · ·	135,	539	184,269		
	12	Total revenue - add lines 8 through 11 (must equal Part 11, column (A), line 12)		4,006,	465	<u>5,939,39</u> 0		
	13	Grants and similar amounts paid (Part I	X, column (A), lines 1-3)	ૌ⊗∤····⊢	121,	673	112,219		
	14	Benefits paid to or for members (Part I)	(, column (A) line 4)990EN; UT	•					
S	15	Salaries, other compensation, employee	e benefits (Part IX, column (A), lines 5-10)		1,757,	255	1,818,862		
Expenses	16a	Professional fundraising fees (Part IX, o	column (A), line 11e) · · · · · · · ·		160,	109	174,810		
Pe	b	Total fundraising expenses (Part IX, col	umn (D), line 25) 🕨	611,333					
Щ	17	Other expenses (Part IX, column (A), lii	nes 11a-11d, 11f-24e)		1,990,	797	2,406,650		
	18	Total expenses Add lines 13-17 (must	equal Part IX, column (A), line 25)		4,029,	834	4,512,541		
	19	Revenue less expenses. Subtract line	18 from line 12		(23,	369)	1,426,849		
es			•	E	Seginning of Current	Year	End of Year		
Fund Blances Net Assets or	20	Total assets (Part X, line 16)			8,045,	046	9,748,392		
ASS	21	Total liabilities (Part X, line 26)			799,	114	371,721		
重	22	Net assets or fund balances Subtract	line 21 from line 20		7,245,	932	9,376,673		
Par	t II	Signature-Block	/	'	•				
			rn, including accompanying schedules and statements	and to the best of my kr	nowledge and belief, it	is			
true, co	rrect, and	complete Declaration of preparer (other man off	icer) is based on all information of which preparer has	any knowledge					
		(Ta / 6 // /							
Sigr	ı	Signature of officer				l Date	1 1 -4		
Here	,		MAN OF THE POARD			4	1/21/2014		
		STAN VALIULIS, CHAIRI Type or print name and title	MAN OF THE BOARD			•			
	L	<u> </u>	December 2000 at 1000	Date					
Paid	1	Print/Type preparer's name	Preparer's signature		Check 📙	if PTIN			
	arer			D4-21-2014	self-employe	ea			
-			SETUP INFORMATION		Firm's EIN	-			
USE	Only		FILE WITH IRS		Phone no				
		UNLICENS					T., 67		
		discuss this return with the preparer sh		• • • • • • • • •	• • • • • • • • •		· 🗌 Yes 🛚 No		
For P	aperw	ork Reduction Act Notice, see the se	eparate instructions.				Form 990 (2012		

Form 990 (2012)

Form	m 990 (2012) ROCKFORD RESCUE MISSION MINISTRIES 36-	6132381 P	age 2
Pa	art III Statement of Program Service Accomplishments		-
	Check if Schedule O contains a response to any question in this Part III	· · · · · · · · ·	<u>. 🗆</u>
1	Briefly describe the organization's mission.		
	HOMELESS SHELTER, FEEDING PROGRAM, CASE MANAGEMENT, AND LIFE RECOVERY PROGRAM IN		
	EDUCATION, VOCATIONAL TRAINING AND MEDICAL AND DENTAL CLINIC. SEE STATEMENT 8 H	FOR MISSION	
	STATEMENT		
2	Did the organization undertake any significant program services during the year which were not listed on the		
4	prior Form 990 or 990-EZ?	□ Ves ₽ No	
	If "Yes," describe these new services on Schedule O	· les Zano	
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 \$632,915 including grants of \$) (Revenue \$	941,046)
	THRIFT STORE		
		-	
4b	(Code) (Expenses \$ 3,022,821 including grants of \$) (Revenue \$	4,629,050	<u>, </u>
1.0	SEE STATEMENT, QUESTION 1	4,029,030	. ′
	SEE STRIETERI, QUESTION I		
4c	: (Code) (Expenses \$ including grants of \$) (Revenue \$	· · · · · · · · · · · · · · · · · · ·	_)
		· · · · · · · · · · · · · · · · · · ·	
4d	1 Other program services (Describe in Schedule O)		-
_	(Expenses \$ including grants of \$) (Revenue \$)		
4e			
EEA		Form 990 ((2012)

Form 990 (2012) ROCKFORD RESCUE MISSION MINISTRIES

Part IV Checklist of Required Schedules

	,		Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_		
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	_3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		Х
E	election in effect during the tax year? If "Yes," complete Schedule C, Part II	-		
5	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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
Ū	complete Schedule D, Part III	8		Х
9	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	9		Х
10	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	10	Х	
11	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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	11b		Х
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a	Χ_	
b				
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	445		v
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes " complete Schedule F. Parts II and IV			v
40	organization of this year of the control of the con	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes." complete Schedule F. Parts III and IV	46		v
47		16	-	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX column (A), lines 6 and 11e? If "Yes " complete Schedule G, Part I (see instructions)	17	Х	
40	, and the second	17	_	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40	Х	
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		-
19	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b		20a 20b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	in test to line 200, and the diganization attach a copy of its addition infancial statements to this feturity		<u> </u>	<u> </u>

36-6132381

Form 990 (2012) ROCKFORD RESCUE MISSION MINISTRIES

Part IV Checklist of Required Schedules (continued)

•	,		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Χ_	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		-	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	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? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	,	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	<u> </u>		1
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		-	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	 "	 	 '` -
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	ن ا		 ^` -
	19? Note. All Form 990 filers are required to complete Schedule O	38	$ _{X}$	
	10. Hotel . III. Control of the required to complete contended of the rest of	, 55	1 11	

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 Χ Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return Χ If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 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. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? c 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was c required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand C 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

1 41	π VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N	10"		
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response to any question in this Part VI	<u> </u>		· 🛛 _
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · · 1a 10			İ
	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			1
	committee, explain in Schedule O			İ
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			İ
	any other officer, director, trustee, or key employee?	2	Χ	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	85	Λ	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		
	11 2 1 2 1 2 1 2 1 2 1 2 2 2 2 2 2 2 2		V	A1-
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	406		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a		
b 122	· · · · · · · · · · · · · · · · · · ·	40-	v	1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	.	v	ĺ
40	describe in Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			ĺ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	_X	
Ь	Other officers or key employees of the organization	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)			ĺ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			ĺ
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			ĺ
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion 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			
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 JAN DANAHER (815) 965-5332 715 W STATE STREET Rockford, IL 611	02		

,			-								
Form 990 (201	Compensation of Officers, Direct Independent Contractors	ctors, Trus	stees	, K	ey				. •	•	nployees, and
Coation A	Check if Schedule O contains a response to										· · · · · · · · · · · · · · · · · · ·
Section A.	Officers, Directors, Trustees, Key Employ		_								
organization's	this table for all persons required to be listed F tax year	Report compe	nsatio	1 101	uie i	Cale	iuai ye	ai e	inding with or within	i ine	
	of the organization's current officers, directors, Enter -0- in columns (D), (E), and (F) if no co				dual	s or	organi	zatio	ons), regardless of	amount of	
List all c	of the organization's current key employees, if	any. See instr	ruction	s for	defi	initio	n of "k	ey e	mployee "		
who received i	organization's five current highest compensative portable compensation (Box 5 of Form W-2 and any related organizations		•							• • •	
	of the organization's former officers, key emplo eportable compensation from the organization a						employ	/ees	who received mor	e than	
organization, r	of the organization's former directors or trust nore than \$10,000 of reportable compensation	from the orga	anızatio	on ar	nd ai	ny re	lated o	rga	nizations.	e of the	
List persons in	the following order individual trustees or direct	ctors, instituti	onal tr	uste	es, o	ffice	rs, key	em	ployees, highest		
	employees, and former such persons.										
☐ Check this	s box if neither the organization nor any related	organization	compe	ensa	ted a	ny c	urrent	offic	er, director, or trus	tee	r
	(A)	(B)			(0	>)			(D)	(€)	(F)
	Name and Title	Average hours per			Pos	tton			Reportable	Reportable	Estimated
		week (list any	(do no	ot che	ck m	ore th	an one		compensation from	compensation from related	amount of other
		hours for			-		both an		the	organizations	compensation
		related organizations		Ì	Г	Γ.	rustee)		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted line)	Itd nri dur se vtc leo u o lr	n r s u t s t t e u e	f f c e	Key employee	H c e m p l o m p l o m p e n s e t e d	F or me			and related organizations
(1) DALE L	ANG										
BOARD 1	DIRECTOR		X	_		ļ			0		
(2) DAVID	DAVITT										
BOARD 1	DIRECTOR		X	<u> </u>	<u> </u>	<u> </u>			0		
(3) LAURA			,.								
י מפגספ	N T D T C T C D	ı	l Y	1	1	1	1			1	1

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72,630

Form 990 (2012)

(4) RHONDA GRAY

DIRECTOR

(5) RICHARD GORMAN

(6) TIM FOUNTAIN

(7) ANN DITTMAR

SECRETARY

TREASURER

(12)

(13)

(14)

EEA

(9) STAN VALIULIS

(10)T BRUCE WATSON

VICE CHAIRMAN (11)CHERYL PITNEY

CHAIRMAN OF THE BOARD

EXECUTIVE DIRECTOR

(8) MICHAEL RANGER

BOARD DIRECTOR

BOARD DIRECTOR

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Part '	VII Section A. Officers, Directors, Trustees,	Key Employ	/ees, a	nd l	Higt	est	Comp	ens	ated Employees (continued)			
•	(A) Name and title	(B) Average hours per week (list any hours for	Average Position Reportable Reportable compensation compensation related							Reportable compensation from related organizations	rom amou oth		of
		related organizations below dotted line)	l t d nri d ur i se v t c i d e o u o l	nr su ts tte	f f c e	K e y e m p l o y e e	H c e m g m p l o m p l o s t s e t e d	F o r m e r	organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	from the organizati and relati organizati	ion æd
(15)													
(16)						-						•	
(17)					İ								
(18)													
(19)													
(20)					-								
(21)													
(22)						-							
(23)													
(24)												•	
(25)													
1b	Sub-total		• • •	• •	• •	• •	• • •	>					
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)		• • •	• •	• •	• •	• • •	>	70, 620		+		
2	Total number of individuals (including but not limited			ve) w	vho i	ecei	ved m	ore t	72,630 han \$100,000 of	<u> </u>	<u>' </u>		0
	reportable compensation from the organization	•								(1	Yes	No
3	Did the organization list any former officer, director			oloye	e, o	hıgi	hest co	ompe	ensated			103	
4	employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of rep			00 21	 nd a	· ·			tion from the		3	-	X
4	organization and related organizations greater than												
	individual										4		X
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes," of the organization?	•		-			-	zatio	n or individual		5		X
Section	on B. Independent Contractors	complete our	edule .	3 101	Suc	ii pe	13011						1 11
1	Complete this table for your five highest compensation												
	compensation from the organization. Report compensation from the organization.	nsation for th	e caler	ndar	yea	end	ling wi	th or	within the organiza	ition's tax			
<u></u> .	(A) Name and business addres	s							(B) Description of	1	Cc	(C) mpensat	ion
FRIDH	CONSTRUCTION SERVICES 1111 S AI		D Ro	ckf	or	d,	IL 6	110		-			5,727
													
	The manager of independent and the second of	hud ==4 !!/ -	al += 11:		lie4-	d a !-	a. (c.)						
2	Total number of independent contractors (including received more than \$100,000 of compensation from			ose I ►	uste	u abo	ove) W	110		1			

		Check if Schedule O contains a response	onse to an	y question in this Pa	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts	1a	Federated campaigns	. 1a	1				
e i	b	Membership dues	. 1b			+		
O E	С	Fundraising events	. 1с			ļ		
ar /	d	Related organizations	. 1d					
S.E	е	Government grants (contributions) -	. 1e	14,168		1		
<u>e</u> s.	f	All other contributions, gifts, grants,						
뚩		and similar amounts not included above	: 1f	4,504,051				
ξō	g	Noncash contributions included in lines	1a-1f \$	710,475	•			İ
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			4,518,219	<u> </u>		
				Business Code				
ä	2a	RESALE SHOPS		452000	828,634	828,634		
Şe.	b	RECYCLE OF BULK GOODS		900099	112,412	112,412		
ice	С	CAFE		722210	110,517	110,517		
Ser	d							
ᇣ	е							
Program Service Revenue	f	All other program service revenue						
<u> </u>	g	Total. Add lines 2a-2f			1,051,563			
	3	Investment income (including dividends, and other similar amounts)			6,993	6,993		
	4	Income from investment of tax-exempt b	ond proce	eds · · · ▶				
	5	Royalties · · · · · · · · · · · · · · · · · · ·						
		(0)	Real	(ii) Personal				
	6a	Gross rents · · · · · ·						
	b	Less rental expenses · · · ·]			
	1	Rental income or (loss) · · ·						
	d	Net rental income or (loss) · · · · ·						
	7a	Gross amount from sales of (1) Se	cunties	(ii) Other				
		assets other than inventory		371,375]			
	b	Less cost or other basis						
		and sales expenses · · · ·		193,029				
	1	Gain or (loss)		178,346				
a.	1	Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·	178,346	178,346		
venue	8a	Gross income from fundraising						
eĸe		events (not including \$						
Other Re		of contributions reported on line 1c)						
the	١.	See Part IV, line 18		217,319	7 I			
0		Less direct expenses · · · · · · · · · Net income or (loss) from fundraising ev		<u>59,425</u>	1 1			155 004
	1		enis .		157,894			157,894
	9a	Gross income from gaming activities. See Part IV, line 19 · · · · · · · ·	_					
		Less direct expenses						
	Į.	Net income or (loss) from gaming activit		<u></u>				
	1		162					
	10a	Gross sales of inventory, less returns and allowances	a		1			
	Ь	Less cost of goods sold · · · · · ·			-			
	1	Net income or (loss) from sales of inven			1			1
		Miscellaneous Revenue		Business Code				
	11a	SOFT DRINKS		900099	15,679	15,679		
	ł	MISC RECEIPTS		900099	10,696	10,696		-
	C						,	
	d	All other revenue						
	e	Total. Add lines 11a-11d			26,375			
	12	Total revenue. See instructions			5.939.390	1.263.277		0 157.894

Page 10

	Check if Schedule O contains a response to any question				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising expenses
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
-	the United States See Part IV, line 22	112,219	112,219		
3	Grants and other assistance to governments,	112,219	112,213		
•	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	72,630	47,210	12,710	12,710
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	1,448,429	1,204,019	85,504	158,906
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	14,555	7,386	5,869	1,300
9	Other employee benefits	178,682	128,665	30,496	19,521
10	Payroll taxes	104,566	83,147	8,003	13,416
11	Fees for services (non-employees):				
а	Management	2,282		2,282	
b	Legal · · · · · · · · · · · · · · · · · · ·	135		135	
С	Accounting	21,093		7,813	13,280
d	Lobbying				
e	Professional fundraising services See Part IV, line 17 -	174,810			174,810
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	11,966	6,010	5,956	
12	Advertising and promotion	50,224			50,224
13	Office expenses	14,470	6,735	4,776	2,959
14	Information technology	10,291		10,291	
15	Royalties				
16	Occupancy	175,137	168,549	4,587	2,001
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				•
19	Conferences, conventions, and meetings	10 000		10.026	
20 21	Payments to affiliates	18,236		18,236	
22	Depreciation, depletion, and amortization	207,360	188,904	18,456	
23	Insurance	86,708	69,329	8,379	9,000
24	Other expenses. Itemize expenses not covered	86,708_	09,329	0,319	9,000
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	STATEMENT 3	1,181,362	1,006,177	21,979	153,206
b	STATEMENT 4	627,386	627,386	22,3.3	133,200
C		32.7333	32.,300		*
d					· · · · · · · · · · · · · · · · · · ·
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,512,541	3,655,736	245,472	611,333
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	, = = , = ==	, ,	,	
	from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X B **Balance Sheet**

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	566,926	2	1,439,765
	3	Pledges and grants receivable, net	1,668,008	3	1,395,818
	4	Accounts receivable, net	14 174	4	400 500
	5	Loans and other receivables from current and former officers, directors	14,174	-	488,729
	3	trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	·		3	
		Loans and other receivables from other disqualified persons (as defined under section			
		4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		6	
	7	organizations (see instructions) Complete Part II of Schedule L	 	7	
ets	8	Inventories for sale or use	200 146	8	251 010
Assets	9		382,146	9	351,218
⋖		Prepaid expenses and deferred charges	106,455	9	77,427
	10a			1 1	
	_	other basis Complete Part VI of Schedule D 10a 8,756,217 Less accumulated depreciation 10b 2,773,755		40-	
	44 44	Less accumulated depreciation	5,298,615	10c	5,982,462
	11	· · · ·	-	11	
	12			12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	8,722	15	12,973
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,045,046	16	9,748,392
	17	Accounts payable and accrued expenses	184,122	17	153,954
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
買		trustees, key employees, highest compensated employees, and		1	
Lia		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	614,992	23	217,767
	24	Unsecured notes and loans payable to unrelated third parties	 	24	
	25	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		25	
	26	Total liabilities. Add lines 17 through 25	799,114	26	371,721
Ś		Organizations that follow SFAS 117 (ASC 958), check here ► 🔯 and			
ည		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	6,780,516	27	8,620,332
Ã	28	Temporarily restricted net assets	465,416	28	756,339
Ē	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and		1	
Net Assets of Fund Balances		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	· · · · · · · · · · · · · · · · · · ·
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	
_	33	Total net assets or fund balances	7,245,932	33	9,376,671
	34	Total liabilities and net assets/fund balances	8.045.046	34	9.748.392

			6-6132381			Page 12	
Pa	rt XI Reconciliation of Net Assets					_	
	Check if Schedule O contains a response to any question in this Part XI					<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,9	39 <u>,</u> 3	390	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,5	12,5	541	
3	Revenue less expenses Subtract line 2 from line 1	3		1,4	26,8	349	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,2	45,9	32	
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8		-			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		7	03,8	390	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		9,3	76,6	5 71	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII					<u>. 🗆</u>	
			_		Yes	No	
1	Accounting method used to prepare the Form 990						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O		l				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		$\cdots ig \lfloor$	2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			i		İ	
	reviewed on separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		• • •	2b	Χ		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1				
	separate basis, consolidated basis, or both						
	Separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		Ì				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in					į	
	Schedule O						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audite, explain why in Schedule O and describe any stens taken to undergo such audite			3h		1	

EEA

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization **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

Employer identification number

2012

Open to Public Inspection

ROC	KFO	RD RESCUE MISS			_					132381		
Pa	rt I	Reason for P	ublic Charity	Status (All organiz	ations m	ust com	plete this	s part.) S	See instr	uctions	•	
The	orgar	•		e it is (For lines 1 throug		-	-					
1		A church, convention	of churches, or ass	sociation of churches des	scribed in s	ection 170)(b)(1)(A)(i).				
2		A school described in	section 170(b)(1)	(A)(ii). (Attach Schedule	E)							
3		A hospital or a cooper	rative hospital servi	ce organization described	d ın section	170(b)(1)	(A)(iii).					
4		A medical research of	rganizatıon operate	d in conjunction with a ho	ospital desc	ribed in se	ction 170(b)(1)(A)(ii	i). Enter th	e		
		hospital's name, city,	and state									
5		An organization opera	ited for the benefit	of a college or university	owned or o	perated by	a governm	ental unit	described i	n		
		section 170(b)(1)(A)	(iv). (Complete Par	rt II)								
6		A federal, state, or loc	al government or g	jovernmental unit describ	ed in secti	on 170(b)(1)(A)(v).					
7	X	An organization that r	normally receives a	substantial part of its suj	pport from a	a governme	ental unit or	from the	general pul	olic		
		described in section	170(b)(1)(A)(vi). (Complete Part II.)								
8		A community trust de	scribed in section	170(b)(1)(A)(vi). (Comp	lete Part II)						
9		An organization that r	normally receives: (1) more than 33 1/3% of	ıts support	from contr	ibutions, m	embership	fees, and	gross		
		receipts from activitie	s related to its exer	mpt functions - subject to	certain exc	eptions, ai	nd (2) no m	ore than 3	33 1/3% of	ıts		
		support from gross in	vestment income a	and unrelated business ta	xable incor	ne (less se	ction 511 t	ax) from b	usinesses			
		acquired by the organ	nzation after June 3	30, 1975 See section 50)9(a)(2). (C	omplete Pa	art III)					
10		An organization organ	nized and operated	exclusively to test for pul	olic safety.	See sectio	n 509(a)(4).				
11		An organization organ	nized and operated	exclusively for the benefit	it of, to perf	orm the fu	nctions of,	or to carry	out the			
		purposes of one or m	ore publicly suppor	rted organizations describ	oed in secti	on 509(a)(1	l) or section	n 509(a)(2) See sec	tion		
		509(a)(3). Check the	box that describes	the type of supporting or	ganization :	and comple	ete lines 11	e through	11h			
		a 🗌 Typel	ь 🗌 Туре	ell c ∏ Type	III-Function	ally integra	ited	d [Type III-	Non-funte	onally inf	tegrated
е		By checking this box,	I certify that the or	ganization is not controlle	ed directly o	r indirectly	by one or	more dısqı	ualified per	sons		
		other than foundation	managers and oth	er than one or more publ	icly suppor	ted organız	ations desi	cribed in s	ection 509	(a)(1)		
		or section 509(a)(2)										
f		If the organization red	ceived a written det	ermination from the IRS	that it is a T	ype I, Type	II, or Type	III suppor	tıng			
		organization, check the	his box · · · ·									🔲
g		Since August 17, 200	06, has the organiza	ation accepted any gift or	contributio	n from any	of the					
		following persons?										
		(i) A person who d	rectly or indirectly	controls, either alone or to	ogether witi	n persons o	described i	n (II) and				Yes No
				e supported organization	٠.						11g(i	ı)
		(ii) A family membe	er of a person descr	ribed in (i) above?							11g(ı	1)
		• •	= =	n described in (i) or (ii) ab							11g(ı	11)
h	_	Provide the following	information about t	the supported organization	n(s)				1			
	(ı) N	ame of supported organization	(II) EIN	(III) Type of organization	(iv) is the o	-	(v) Did yo		(vi) !:		(VII) Am	nount of monetary
		organization		(described on lines 1-9 above or IRC section	governing of	•	the organi		organizati (i) organiz			support
				(see instructions))			sup	port?	U	S?	4	
				ļ	Yes	No	Yes	No	Yes	No		
(A)					İ					1		
						-		ļ			1	
(B)												
						ļ						
(C)												
			<u> </u>			 						····
(D)						1						
					1			ļ			+	
(E)												
			1		1		1		 		+	
_							1					
Tot	di		1	1	1	I	I	ī	1	1	1	

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Sec	tion A. Public Support				•		·
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,236,421	2,773,644	2,629,555	2,403,173	3,057,744	14,100,537
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,236,421	2,773,644	2,629,555	2,403,173	3,057,744	14,100,537
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 · ·						14,100,537
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4 · · · · · · · ·	3,236,421	2,773,644	2,629,555	2,403,173	3,057,744	14,100,537
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,423	25,826	13,749	9,746	6,993	90,737
9	Net income from unrelated business activities, whether or not the business is regularly carned on			•			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	15,608	16,995	17,261	22,042	204,721	276,627
11	Total support. Add lines 7 through 10 .						14,467,901
12	Gross receipts from related activities, etc. (se	ee instructions)				12	781,402
13	First five years. If the Form 990 is for the or organization, check this box and stop here						▶□
	tion C. Computation of Public Su						
14	Public support percentage for 2012 (line 6, c		-	-			97.46 %
15 16a	Public support percentage from 2011 Schedi						98.53 %
16a	33 1/3% support test - 2012. If the organization gualific						⊾ 1⊽1
h.	box and stop here. The organization qualifie 33 1/3% support test - 2011. If the organization		-				▶ 🏻
þ							▶ □
170	check this box and stop here. The organizate 10%-facts-and-circumstances test - 2012.	,	• • •	•			
17a	10% or more, and if the organization meets the	_					
	Part IV how the organization meets the "facts						
	organization		_	-			▶ □
ь	10%-facts-and-circumstances test - 2011.						
D	15 is 10% or more, and if the organization ma	_			•		
	Explain in Part IV how the organization meets			•	•	,	
	-		· · · · · · · · · · · · ·		, ,		▶ □
18	Private foundation. If the organization did n					·	
	Instructions						▶ □

Part III Support So

Support Schedule for	Organizations	Described in	Saction	E00/21/2
Support Schedule for	Organizations	Described in	I Se ction	JUJIANZ

(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.)

Sec	ction A. Public Support				·		
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513 · · · ·		-				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1 through 5				<u> </u>	ļ	<u> </u>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support						
Cald 9	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			 			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on - · · ·						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for the org organization, check this box and stop here						▶ □
	ction C. Computation of Public Su						
15 16	Public support percentage for 2012 (line 8, co Public support percentage from 2011 Schedul		•))		· 15 · 16	% %
	ction D. Computation of Investme					. 10	
17	Investment income percentage for 2012 (line 1			umn (f))		- 17	%
18	Investment income percentage from 2011 Sch	edule A, Part III,	line 17			. 18	%
19a	33 1/3% support tests - 2012. If the organiza 17 is not more than 33 1/3%, check this box at						▶ □
20	33 1/3% support tests - 2011. If the organiza line 18 is not more than 33 1/3%, check this be Private foundation. If the organization did no	ox and stop here	e. The organization of	qualifies as a publi	cly supported organ	nization	> []

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

Employer identification number Name of the organization ROCKFORD RESCUE MISSION MINISTRIES 36-6132381 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 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | Yes | No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1

	ule D (Form 990) 2012 ROCKFORD RESCUE					36-61323		Page 2
Ь	rt III Organizations Maintaining C						ets (cont	inued)
3.	Using the organization's acquisition, accession, ar	nd other records, check	cany of the following	ng that are a s	significant (use of its		
	collection items (check all that apply)							
а	Public exhibition	d 🗌 Loan o	r exchange prograi	ms				
b	Scholarly research	e 🗌 Other						
C	Preservation for future generations	_						
4	Provide a description of the organization's collection	ons and explain how the	ey further the organ	nızatıon's exer	mpt purpos	se in Part		
	XIII							
5	During the year, did the organization solicit or rece	ive donations of art, his	storical treasures, o	or other simila	ar			
	· · · · · · · · · · · · · · · · · · ·						. П уе	s 🗌 No
Pai	assets to be sold to raise funds rather than to be not IV Escrow and Custodial Arrang	ements. Comple	ete if the organ	nization an	swered	"Yes" to Form	990. Pa	rt IV.
	line 9, or reported an amount o							,
1a	Is the organization an agent, trustee, custodian or			er assets not	· · · · · · · · · · · · · · · · · · ·			
							. Ye	s 🗆 No
b	If "Yes," explain the arrangement in Part XIII and c						. [] le	5 [] NO
	Tes, explain the arrangement in Fart Am and o	omplete the following t	abic					
c	Beginning balance				4-	Amo	unt	
					· ••			
u	· · · · · · · · · · · · · · · · · · ·							
•	Ending balance							
20	. 9				- 1f		п.	
2a L	Did the organization include an amount on Form 9					• • • • • • • •		_
Pai	If "Yes," explain the arrangement in Part XIII Chec							· · <u>U</u>
rai	t V Endowment Funds. Complete			es to For		·	г	
_		(a) Current year	(b) Pnor year	(c) Two years) Three years back	(e) Four ye	ars back
1a	Beginning of year balance	72,423	69,599		6,606	64,731		49,632
b	Contributions	18,665	2,824	2	2,993	1,875		15,099
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
e	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance	91,088	72,423		9,599	66,606		64,731
2	Provide the estimated percentage of the current year	ear end balance (line 1	g, column (a)) held	as				
а	Board designated or quasi-endowment	.00.00 %						
b	Permanent endowment > %							
С	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should eq	ual 100%.						
3a	Are there endowment funds not in the possession	of the organization tha	t are held and adm	inistered for t	the			
	organization by						Y	es No
	(i) unrelated organizations				· • • • • •		3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(II), are the related organizations listed	d as required on Scheo	dule R?		. .		3b	
4	Describe in Part XIII the intended uses of the orga	nization's endowment	funds				LL.	
Pai	rt VI Land, Buildings, and Equipm			2 10.				
	Description of property	(a) Cost or other ba	1	r other basis	(c) Acc	zumulated	(d) Book v	alua
		(investment)	1	other)		eciation	(4) COOK V	aluc
1a	Land				<u></u>			
b	Buildings		- -					
c	Leasehold improvements							
d	Equipment							
	• •	0.75	. 017			-		
e_				1		2,773,755		82,462
rotal	 Add lines 1a through 1e. (Column (d) must equal 	rum 990, Paπ X, colt	ມກາກ (ສ), line 10(c).	.) • • •	<u> </u>		5,9	82,462

ROCKFORD RESCUE MISSION MINISTRIES

Schedule D-(Form 990) 2012

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 va	lue
(1) Financial d	derivatives	• •		
	ld equity interests			
(3) Other				
(A)				
(B)				
(C)			····	
(D)				
(E)		_		
(F) (G)		_		
(H)		-		
(l)				
) must equal Form 990, Part X, col (B) line 12)	>		
Part VIII	Investments - Program Related	. See Form 990, Part X, line	13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market va	tue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10)		•		
Part IX) must equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990, Part X, col (B) line 13)	·		
· dit ix	· · · · · · · · · · · · · · · · · · ·	(a) Description		/b) D
(1) GIFT		(a) Description		(b) Book value
(2)	<u> </u>			12,973
(3)				
(4)				
(5)				
_(6)				
(7)				
(8)				
(9)				
(10)	4.			
Part X	n (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, F	Part X, line 25.		12,973
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)			_	
(3)				
(4)				
(5)			_	
(6)			_	
(7)			_	
(8)			4	
(9)				
(10)			-	
(11)	A must regal Form 900. Best V. and (D) to a 95.	>	-	
) must equal Form 990, Part X, col. (B) line 25.) GC 740) Footnote. In Part XIII, provide the text of		ancial statements that reports the cores	rzation'e
	ertain tax positions under FIN 48 (ASC 740). C			

	tive D4Form 990) 2012 ROCKFORD RESCUE MISSION MINISTRIES Reconciliation of Revenue per Audited Financial Statements With Revenue p	36-6132381 er Return	Page 4
1.	Total revenue, gains, and other support per audited financial statements	1	6,105,413
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	j	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
đ	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	166,023
3	Subtract line 2e from line 1	3	5,939,390
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	_	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,939,390
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Return	
1	Total expenses and losses per audited financial statements	1	4,678,564
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	.	
ь	Prior year adjustments		
C	Other losses · · · · · · · · · · · · · · · · · ·	\neg	
d	Other (Describe in Part XIII)	 	
е	Add lines 2a through 2d	2e	166,023
3	Subtract line 2e from line 1	3	4,512,541
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1,012,011
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	İ	
b	Other (Describe in Part XIII)	-	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	4,512,541
Pa	rt XIII Supplemental Information		4,312,341
	plete 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		
	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 transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete this part to provide any additional transfer of the complete trans		
	mation		
	dowment funds intended uses (Part V, line 4)		
END	OWMENT FUNDS ARE DESIGNATED FOR FUTURE NEEDS OF THE MISSION PER BOARD DIRE	TTON	
	Onimit I total The Blatchille Ton To total Think of The Interior British Bill.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		***************************************	- · · · -

Schedule D (Form 990) 2012

EEA

Part	XIII	Supplemental I	nforma	ntion (continue	ed)	,	<u>-</u> ,	 36-0132361	r age o
COST	OF FUND	revenues RAISING SPECI	AL EVI						
COST	OF FUND	expenses RAISING EVENT							

Schedule D (Form 990) 2012

EEA

SCHEDULE G (Form 990 or 990-EZ

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Employer identification number

ROCKFORD RESCUE MISSION MINISTRIES		36-6132381
Part I Form 990 F7 filers are not required to cor	the organization answered "Yes'	" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to cor	mplete this part	
1 Indicate whether the organization raised funds through a	iny of the following activities. Check all that	at apply
a X Mail solicitations	e X Solicitation of non-governmen	nt grants
b X Internet and email solicitations	f X Solicitation of government gra	ants
c 🛛 Phone solicitations	g 🛛 Special fundraising events	

d 🛛 In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

X Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 GATEWAY COMMUNICATIONS						
16805 NE MASON CT, OR 97230			X	48,514	21,702	26,812
2 ENEX GROUP						
2145 WAKE FOREST COURT			X	1,458,859	222,313	1,236,546
3						
4						
5						
6						
7	<u> </u>					
8						
9		-				
10						
Total · · · · · · · · · · · · · · · · · · ·			▶	1,507,373	244,015	1,263,358
3 List all states in which the organization registration or licensing	is registered or li	censed to so	icit contribut	ions or has been notifie		
Illinois						
Wisconsin						
Indiana					•	· · · · · · · · · · · · · · · · · · ·
Iowa				•		
Michigan						
Florida						
			<u> </u>		······································	···
						· · · · · ·
						
						- <u>-</u> -
		-				· <u>-</u>
	-			· · · ·		·

36_61 3 2 3 8 1	

<u> </u>	rt II		-			· ·
•		than \$15,000 of fundraising		d gross income on For	m 990-EZ, lines 1 and	6b List events with
		gross receipts greater than	\$5,000			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SPECIAL EVEN		None	(add col (a) through
			(event type)	(event type)	(total number)	col (c))
e re						
Revenue	1	Gross receipts	217,319		1	217,319
Re						
	2	Less Contributions				
	3	Gross income (line 1 minus				
		line 2)	217,319			217,319
	4	Cash prizes				
	5	Noncash prizes				
es	6	Rent/facility costs				
ens						
Direct Expenses	7	Food and beverages				
IJ		-				
Ē	8	Entertainment				
_			" '			
	9	Other direct expenses	59,425			59,425
				<u>'</u>		
	10	Direct expense summary Add lines	4 through 9 in column (d)		▶	(59,425)
	11	Net income summary Combine line				157,894
Pa	ırt II	Gaming. Complete if the	organization answered	"Yes" to Form 990, Pai	t IV, line 19, or reporte	d more
		than \$15,000 on Form 99	0-EZ, line 6a.		•	
a		than \$15,000 on Form 99		(b) Pull tabs/instant		(d) Total gaming (add
- anue		than \$15,000 on Form 99	0-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
evenue		than \$15,000 on Form 99				(d) Total gaming (add
Revenue	1	than \$15,000 on Form 99 Gross revenue				(d) Total gaming (add
Revenue	1	_				(d) Total gaming (add
	1 2	_				(d) Total gaming (add
		Gross revenue				(d) Total gaming (add
		Gross revenue				(d) Total gaming (add
Expenses	2	Gross revenue				(d) Total gaming (add
Expenses	2	Gross revenue				(d) Total gaming (add
	3	Gross revenue				(d) Total gaming (add
Expenses	3	Gross revenue	(a) Bingo	bingo/progressive bingo		(d) Total gaming (add
Expenses	3 4	Cash prizes			(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Expenses	3 4	Cash prizes	(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Expenses	3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Expenses	3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Expenses	2 3 4 5	Gross revenue	(a) Bingo Yes% No 2 through 5 in column (d)	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Expenses	2 3 4 5	Gross revenue	(a) Bingo Yes% No 2 through 5 in column (d)	bingo/progressive bingo	(c) Other gaming Yes%	(d) Total gaming (add col (a) through col (c))
Expenses	2 3 4 5 6 7 8	Cash prizes	(a) Bingo Yes% No 2 through 5 in column (d)	bingo/progressive bingo Yes% No	(c) Other gaming Yes%	(d) Total gaming (add col (a) through col (c))
Expenses	2 3 4 5 6 7 8	Gross revenue	(a) Bingo Yes% No 2 through 5 in column (d)	bingo/progressive bingo Yes% No	(c) Other gaming Yes%	(d) Total gaming (add col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	(a) Bingo Yes% No 2 through 5 in column (d) bine line 1, column d, and liii ion operates gaming activiti	bingo/progressive bingo Yes % No ne 7	(c) Other gaming Yes%	(d) Total gaming (add col (a) through col (c))
6 Direct Expenses	2 3 4 5 6 7 8 Entra list	Cash prizes	(a) Bingo Yes% No 2 through 5 in column (d) bine line 1, column d, and liii ion operates gaming activiti	bingo/progressive bingo Yes % No No es hese states?	(c) Other gaming Yes%	(d) Total gaming (add col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Entra list	Cash prizes	(a) Bingo Yes% No 2 through 5 in column (d) bine line 1, column d, and linition operates gaming activities aming activities in each of the	bingo/progressive bingo Yes % No No es hese states?	(c) Other gaming Yes%	(d) Total gaming (add col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Ent 1 ist	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary. Comiter the state(s) in which the organization licensed to operate give," explain	(a) Bingo Yes% No 2 through 5 in column (d) bine line 1, column d, and lii ion operates gaming activitii aming activities in each of the	bingo/progressive bingo Yes% No No es hese states?	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Ent 1 ist	Cash prizes	(a) Bingo Yes% No 2 through 5 in column (d) bine line 1, column d, and lii ion operates gaming activitii aming activities in each of the	bingo/progressive bingo Yes% No No es hese states?	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Entre list of li	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary. Comiter the state(s) in which the organization licensed to operate give," explain	(a) Bingo Yes% No 2 through 5 in column (d) bine line 1, column d, and lii ion operates gaming activitii aming activities in each of the	bingo/progressive bingo Yes% No No es hese states?	(c) Other gaming	(d) Total gaming (add col (a) through col (c))

SCHEDULE 1 (Form 990)

Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No 1545-0047

Inspection

Open to Public

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, **≗** □ (h) Purpose of grant or assistance ⊠ Yes Employer identification number 36-6132381 (f) Method of valuation (g) Description of (book, FMV, appraisal, non-cash assistance other) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501 (c) (3) and government organizations listed in the line 1 table (c) IRC section ıf applıcable General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (p) EIN ROCKFORD RESCUE MISSION MINISTRIES (a) Name and address of organization Name of the organization Part II Partl (10) £ (12) Ξ 3 ල € 9 9 6 8 6

Schedule I (Form 990) (2012)

Page 2

Schedule (Form 980) (2012) ROCKEORD RESCUE MISSION MINISTRIES

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.

air iii cail be dabileated ii additioliai shace is iiceaea		-			
(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
1 TEE DECOMEDY DEGERANCE	230		58 248		CASE MANAGEMENT HOUSING
2 CRISIS SHELTER	1,533		36,458		HOUSING, CASE MANAGEMENT
3 FEEDING PROGRAM	1,283		15,078		
4 EDUCATION PROGRAM	117		2,435		EDUCATION
ю					
9					
7					
Part IV Supplemental Information. Complete this part to information.	ete this part to pro	vide the information	on required in Part I,	line 2, Part III, column	provide the information required in Part I, line 2, Part III, column (b), and any other additional

line 2) 1. Monitoring procedures (Part I,

EXPENSES ARE ASSIGNED TO THE SPECIFIC SERVICES TO WHICH THEY RELATE

			· ·

Schedule I (Form 990) (2012)

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

ROCKFORD RESCUE MISSION MINISTRIES 36-6132381 Types of Property Part I (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on Form 990, Part VIII, line 1g applicable items contributed noncash contribution amounts Art-Works of art 2 Art-Historical treasures 3 Art-Fractional interests Books and publications 4 5 Clothing and household THRIFT SHOP VALUE X 11,426 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities-Publicly traded 10 Securities-Closely held stock . . 11 Securities-Partnership, LLC, or trust interests Securities-Miscellaneous 12 13 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other - - - - - -Real estate-Residential 15 16 Real estate-Commercial 17 Real estate-Other Collectibles 18 19 699,049 X FOOD BANK VALUE 20 Drugs and medical supplies . . . 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ►(26 Other ►(Other ►(27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? Χ If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard Χ 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ 32a b If "Yes," describe in Part II

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

33

describe in Part II

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or 990-EZ.

ROCKFORD RESCUE MISSION MINISTRIES	36-6132381
01. Officer, directors, etc. family relationship (Par	t VI, line 2)
SOME OFFICERS AND DIRECTORS MAY ENGAGE IN BUSINESS TRANSACTIONS WITH OT	HER OFFICERS OR
DIRECTORS OUTSIDE OF THEIR ROLE AT THE ORGANIZATION.	
02. Form 990 governing body review (Part VI, line 11)	
ALL MEMBERS OF THE BOARD OF DIRECTORS ARE PROVIDED WITH A COPY OF THE F	ORM 990 FOR REVIEW
AND APPROVAL BEFORE IT IS FILED.	
	
03. Conflict of interest policy compliance (Part VI,	line 12c)
THE BOARD OF DIRECTORS SIGNS A CONFLICT OF INTEREST POLICY ANNUALLY. T	HE BOARD HAS
ESTABLISHED CLEAR GUIDELINES TO FOLLOW SHOULD A CONFLICT OF INTEREST AR	ISE.
04. CEO, executive director, top management comp (Par	t VI, line 15a)
THE BOARD OF DIRECTORS REVIEWS COMPARATIVE WAGE INFORMATION TO DETERMIN	E THE EXECUTIVE
DIRECTOR'S COMPENSATION YEARLY.	
05. Other officer or key employee compensation (Part	VI, line 15b
THE BOARD PERSONNEL COMMITTEE REVIEWS AND RECOMMENDS TO THE FULL BOARD	OF DIRECTORS WAGES
FOR KEY PERSONNEL SALARIES ANNUALLY. RECOMMENDATIONS ARE BASED ON BOAR	D APPROVED
COMPENSATION CHARTS SEMI-ANNUALLY.	
	,
06. Governing documents, etc, available to public (Pa	rt VI, line 19)
FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSE	ECTION UPON
REQUEST.	

Schedule, O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
ROCKFORD RESCUE MISSION MINISTRIES	36-6132381
07. Explanation of other changes in net assets or fu	nd balances (Part XI, l
NET ASSETS RELEASED FROM RESTRICTIONS \$412,967; INCREASE IN NET ASSETS	RESTRICTED \$290,923
08. General explanation attachment	
990, PART V, 7h VEHICLE DONATION DID NOT REQUIRE THE FILING OF 1098-C	PER IRS
REQUIREMENTS.	
	.
	
	- (m) tue

	Federal Supporting	g Statements	2012	PG01	
Name(s) as shown on return					
ROCKFORD RESCUE MISSION	N MINISTRIES		36-6	6132381	
101 33	0, Schedule D,		e re st	atement #D1e	
Description	Investments - Cost/basis		e ie st	Book	
	Investments -	- Other	Depr		
Description	Investments - Cost/basis	- Other Cost/basis		Book	

ROCKFORD RESCUE MISSION MINISTRIES 36-6132381

FORM 990 2012-13	OTHER EXPEN	SES		STATEMENT 3
	(A)	(B) PROGRAM	(C.) MANAGEMENT	(D)
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	<u>FUNDRAISING</u>
BUILDING MAINT	144,962	140,468	2,995	1,499
FUTURE EXPANSION EXPENSES	79,916	79,916	·	·
EQUIPMENT REPAIRS	5,983	5,439	55	489
DONATED FOOD, CLOTHES				
HOUSEWARES	699,049	699,049		
EDUCATION/AWARENESS	15,432	4,036	5,432	5,964
POSTAGE	86,950	335	784	85,831
TELEPHONE EXPENSE	16,492	13,343	2,108	1,041
SMALL EQUIPMENT	17,398	16,435	140	823
MISCELLANEOUS	9,578	9,481	79	18
OTHER EMPLOYEE EXP	10,023	0	10,023	0
PROMOTION, PUBLICATIONS	72,970	16,421	0	56,549
R/E TAXES	197	0	197	0
VEHICLE OPERATIONS	20,317	19,159	166	992
VOLUNTEER OPERATIONS	<u>2,095</u>	<u>2,095</u>	<u>0</u>	<u>0</u>
TOTAL TO FM 990, PART IX, LN 24a	1,181,362	1,006,177	21,979	153,206

ROCKFORD RESCUE MISSION MINISTRIES 36-6132381

FORM 990 2012-13	MISSION MA	RT THRIFT S	TORES	STATEMENT 4
	(A)	(B)	(C0)	(D)
		PROGRAM	MANAGEMENT	
<u>DESCRIPTION</u>	<u>TOTAL</u>	<u>SERVICES</u>	AND GENERAL	<u>FUNDRAISING</u>
ADVERTISING	2 161	2 161		
BUILDING MAINTENANCE & SUPPLIES	3,161	3,161		
BUILDING INSURANCE	29,254 957	29,254 957		
BUILDING RENTAL	957	957		
DEPRECIATION	_	_		
EDUCATION	30,813 1,394	30,813 1,394		
EQUIPMENT REPAIRS	508	1,394 508		
HEALTH, DISABILITY, & FLEX INS.	22,172	22,172		
LIABILITY & OTHER INSURANCE	3,588	3,588		
OFFICE SUPPLIES & SERVICES	970	3,366 970		
PAYROLL TAXES	20,295	20,295		
POSTAGE	20,2 9 3 72	20,293 72		
PROFESSIONAL FEES	8,227	8,227		
PURCHASED ITEMS FOR RESALE	51,206	51,206		
RETIREMENT	1,170	1,170		
SALARIES & WAGES	310,394	310,394		
SMALL EQUIPMENT PURCHASES	3,036	3,036		
RETAIL SUPPLIES	15,317	15,317		
OTHER SUPPLIES	19,931	19,931		
TELEPHONE	3,789	3,789		
UTILITIES	73,972	73,972		
VEHICLE INSURANCE	2,315	2,315		
VEHICLE OPERATION	11,520	11,520		
MISCELLANEOUS	2,718	2,718		
WORKER'S COMPENSATION INS.	10,607	<u>10,607</u>		
TOTAL TO FM 990, PART IX, LN 24	627,386	627,386	O	0
· · · · · · · · · · · · · · · · · · ·				

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

Form 990 - 2012-13

PART III #1

STATEMENT 8

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BOARD APPROVED MISSION STATEMENT

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

ROCKFORD RESCUE MISSION MINISTRIES Rockford, Illinois

FINANCIAL STATEMENTS September 30, 2013 and 2012



TABLE OF CONTENTS

	PAGE
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FINANCIAL STATEMENTS	
Statements of Financial Position	3
Statements of Activities	5
Statements of Cash Flows	
Statements of Functional Expenses	
Notes to Financial Statements	9
SUPPLEMENTARY INFORMATION	16
Schedules of Resale Store Expenses	17



CliftonLarsonAllen LLP CLAconnect.com

INDEPENDENT AUDITORS' REPORT

Board of Directors Rockford Rescue Mission Ministries Rockford, Illinois

Report on the Financial Statements

We have audited the accompanying financial statements of Rockford Rescue Mission Ministries (the "Mission") which comprise the statements of financial position as of September 30, 2013 and 2012, and the related statements of activities, cash flows, and functional expenses for the years then ended.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Board of Directors
Rockford Rescue Mission Ministries

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Mission as of September 30, 2013 and 2012, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Clifton Larson Allen LLP

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of resale store expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

CliftonLarsonAllen LLP

Rockford, Illinois December 16, 2013

ROCKFORD RESCUE MISSION MINISTRIES STATEMENTS OF FINANCIAL POSITION September 30, 2013 and 2012

ASSETS

		<u>2013</u>		<u>2012</u>
CURRENT ASSETS				
Cash and cash equivalents	\$	1,439,765	\$	566,926
Board designated accounts		1,064,105		1,216,491
Accounts receivable		10,629		12,174
Pledges receivable		458,100		2,000
Bequest receivable		20,000		-
Inventories		351,218		382,146
Prepaid expenses	_	77,427	_	106,455
Total current assets		3,421,244		2,286,192
PROPERTY, PLANT AND EQUIPMENT, less accumulated depreciation	_	5,982,462	_	5,298,615
OTHER ASSETS				
Gift cards		12,973		8,722
Cash restricted per grant agreement		331,713		451,517
outh formation por grain agreement	_		_	
Total other assets		344,686		460,239
,		· · ·		<u> </u>
TOTAL ASSETS	<u>\$</u>	9,748,392	<u>\$</u>	8,045,046

LIABILITIES AND NET ASSETS

	2013		2012
CURRENT LIABILITIES			
Accounts payable	\$ 37,146	\$	61,953
Accrued payroll	91,875		79,892
Other accrued expenses	24,933		42,277
Current maturities of long-term debt	 37,170		20,757
Total current liabilities	191,124		204,879
LONG-TERM DEBT, less current maturities above	 180,597		594,235
Total liabilities	 371,721		799,114
NET ASSETS Unrestricted:			
Board designated	1,064,105		1,216,491
Undesignated	7,556,227		5,564,025
Temporarily restricted	 756,339	_	465,416
Total net assets	 9,376,671	_	7,245,932
TOTAL LIABILITIES AND NET ASSETS	\$ 9,748,392	<u>\$</u>	8,045,046

ROCKFORD RESCUE MISSION MINISTRIES STATEMENTS OF ACTIVITIES Years Ended September 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
UNRESTRICTED NET ASSETS		
Support and revenue Public support	\$ 4,025,063	\$ 2,578,120
In-kind contributions	817,073	738,961
Sales from resale shops	828,634	550,266
Sales of bulk clothing and recycled materials Café sales	112,412	83,790
Interest income	110,517 6,993	147,346 9,746
Vending	15,679	9,496
Gain on sale of property, plant, and equipment	178,346	-
Other revenue	10,696	12,546
Total support and revenue	6,105,413	4,130,271
Expenses		
Program services	3,736,832	3,239,658
Supporting services		
Management and general	256,610	269,433
Fundraising	685,122	644,549
Total supporting services	941,732	913,982
Total expenses	4,678,564	4,153,640
Net assets released from restrictions through use	412,967	37,055
INCREASE IN UNRESTRICTED NET ASSETS	1,839,816	13,686
TEMPORARILY RESTRICTED NET ASSETS		
Public support	-	16,600
Cash restricted per capital campaign pledges	703,890	-
Cash restricted per grant agreement	(440.007)	451,517
Net assets released from restrictions	(412,967)	(37,055)
INCREASE IN TEMPORARILY RESTRICTED NET ASSETS	290,923	431,062
INCREASE IN NET ASSETS	2,130,739	444,748
NET ASSETS, BEGINNING OF YEAR	7,245,932	6,801,184
NET ASSETS, END OF YEAR	\$ 9,376,671	\$ 7,245,932

The accompanying notes are an integral part of the financial statements

ROCKFORD RESCUE MISSION MINISTRIES STATEMENTS OF CASH FLOWS Years Ended September 30, 2013 and 2012

CASH FLOWS FROM OPERATING ACTIVITIES		<u>2013</u>		<u>2012</u>
	\$	2,130,739	\$	444,748
Change in net assets Adjustments to reconcile change in net assets to	Φ	2,130,739	Ψ	444,740
net cash provided by operating activities:				
Depreciation including resale shops' depreciation of				
\$30,813 and \$13,386, respectively		238,173		200,037
Gain on disposal of property, plant, and equipment		(178,346)		
Effects of changes in operating assets and liabilities:		(,,		
Accounts, pledges and bequest receivables		(474,555)		14,466
Inventories		30,928		(120,657)
Prepaid expenses		29,028		(47,679)
Gift cards		(4,251)		1,039
Accounts payable		(24,807)		19,691
Accrued payroll		11,983		(11,915)
Other accrued expenses		(17,344)	_	29,316
Net cash provided by operating activities	_	1,741,548	_	529,046
CASH FLOWS FROM INVESTING ACTIVITIES				
Purchases of property, plant, and equipment		(1,115,049)		(896,803)
Proceeds from sale of property, plant, and equipment		371,375		-
Funds transferred from (to) temporarily restricted		119,804		(451,517)
Funds transferred from (to) board designated account, net		152,386	_	(231,416)
Net cash used in investing activities	_	(471,484)	_	(1,579,736)
CASH FLOWS FROM FINANCING ACTIVITIES				
Proceeds from issuance of long-term debt		-		620,000
Principal payments on long-term debt	_	(397,225)	_	(5,008)
At A south and ideal to Consider Security and in the		(207.225)		614,992
Net cash provided by (used in) financing activities		(397,225)	-	014,992
NET INCREASE (DECREASE) IN CASH AND CASH				
EQUIVALENTS		872,839		(435,698)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR		566,926		1,002,624
CACITATE CACITECTIVE CONTROLL TEAR	_	000,020	-	,,002,024
			_	
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$</u>	<u>1,439,765</u>	<u>\$</u>	<u>566,926</u>

The accompanying notes are an integral part of the financial statements.

ROCKFORD RESCUE MISSION MINISTRIES STATEMENTS OF FUNCTIONAL EXPENSES Years Ended September 30, 2013 and 2012

	Program Services	Management and General	Fund- raising	2013 Total
Benefits administration	\$ -	\$ 3,670	\$ -	\$ 3,670
Building maintenance and supplies	140,468	2,995	1,499	144,962
Building insurance	10,589	304	156	11,049
Building rental	32,476	-	_	32,476
Client assistance, including supplies	112,219	-	-	112,219
Depreciation	188,904	18,456	_	207,360
Direct mail	-	-	156,810	156,810
Donated food	699,049	_	-	699,049
Donated professional services	97,567	638	2,864	101,069
Education	4,036	5,432	5,964	15,432
Employee and board activities	-	6,353	-	6,353
Equipment repairs	5,439	55	489	5,983
Future expansion expenses	79,916	-	-	79,916
Health insurance	125,209	13,566	19,206	157,981
Interest	-	18,236	-	18,236
Liability insurance	21,445	5,277	2,651	29,373
Life insurance	3,456	16,930	315	20,701
Office supplies and services	6,735	4,776	2,959	14,470
Other promotional activities	16,421	· -	106,773	123,194
Payroll taxes	83,147	8,003	13,416	104,566
Postage	335	784	85,831	86,950
Professional fees	6,010	26,477	31,280	63,767
Real estate taxes	· <u>-</u>	197	· -	197
Resale store expenses	632,915	-	-	632,915
Retirement	7,386	5,869	1,300	14,555
Salaries and wages	1,229,229	108,714	183,116	1,521,059
Small equipment purchases	16,435	140	823	17,398
Special events	· -	_	59,425	59,425
Telephone	13,343	2,108	1,041	16,492
Utilities	136,073	4,587	2,001	142,661
Vehicle insurance	5,345	104	1,647	7,096
Vehicle operation	19,159	166	992	20,317
Volunteer operations	2,095	_	-	2,095
Workers' compensation insurance	31,950	2,694	4,546	39,190
Miscellaneous	9,481	79	18	9,578
	.	050.040		2 1070 501
TOTAL FUNCTIONAL EXPENSES	\$ 3,736,832	\$ 256,610	\$ 685,122	<u>\$ 4,678,564</u>
PERCENTAGE OF TOTAL EXPENSES	<u>79 87</u> %	<u>5.48</u> %	<u>14 65</u> %	<u>100 00</u> %

	Program Services	Management and General	Fund- raising	2012 Total
Benefits administration	\$ -	\$ 3,605	\$ -	\$ 3,605
Building maintenance and supplies	80,480	1,940	1,393	83,813
Building insurance	7,238	2,433	107	9,778
Building rental	31,078	-	=	31,078
Client assistance, including supplies	121,673	_	-	121,673
Depreciation	165,679	20,972	-	186,651
Direct mail	· -	-	160,109	160,109
Donated food	551,646	-	-	551,646
Donated professional services	35,096	24,260	3,000	62,356
Education	12,058	2,250	1,437	15,745
Employee and board activities	-	6,756	-	6,756
Equipment repairs	9,959	4,018	460	14,437
Future expansion expenses	71,758	-	-	71,758
Health insurance	136,682	13,523	15,267	165,472
Interest	-	7,310	-	7,310
Liability insurance	14,189	4,008	1,455	19,652
Life insurance	2,894	1,799	252	4,945
Office supplies and services	6,605	5,147	1,691	13,443
Other promotional activities	6,132	1,086	106,018	113,236
Payroll taxes	86,880	7,553	12,109	106,542
Postage	401	829	80,395	81,625
Professional fees	5,325	34,431	26,563	66,319
Real estate taxes	-	191	-	191
Resale store expenses	499,561	-	-	499,561
Retirement	7,492	6,052	520	14,064
Salaries and wages	1,197,961	106,576	161,214	1,465,751
Small equipment purchases	8,110	1,947	1,819	11,876
Special events	-		61,450	61,450
Telephone	11,422	2,365	1,258	15,045
Travel	400.000	7 077	4 000	420 504
Utilities	123,222	7,377	1,902	132,501
Vehicle insurance	4,073	79	1,256	5,408
Vehicle operation	11,037	195	1,215	12,447
Volunteer operations	3,129	2,706	3,659	3,129 32,054
Workers' compensation insurance	25,689	•	3,039	•
Miscellaneous	2,189	25		2,214
TOTAL FUNCTIONAL EXPENSES	\$ 3,239,658	\$ 269,433	\$ 644,549	\$ 4,153,640
PERCENTAGE OF TOTAL EXPENSES	<u>78.00</u> %	<u>6.49</u> %	<u>15.51</u> %	100.00%

The accompanying notes are an integral part of the financial statements.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Operations

Rockford Rescue Mission Ministries (the "Mission") was organized as a nonprofit corporation in 1964 under the laws of the State of Illinois. The Mission's purpose is to conduct an interdenominational mission to aid, assist, and care for men, women, and children by furnishing a temporary home and job placement and contributions to the uplift of such persons by providing to anyone in need with meals, lodging, clothing, home furnishings, individual and family counseling, education, and advocacy.

In October 2012, the Mission closed its resale shops on Kishwaukee Street and Sandy Hollow Road and opened a new resale shop in November 2012 in the building purchased on 20th Street.

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

Use of Estimates in Preparing Financial Statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America require management to make estimates and assumptions that affect the amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Promises to Give

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

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

Cash and Cash Equivalents

The Mission considers depository accounts with an original maturity of 12 months or less to be cash and cash equivalents. The Mission has funds on deposit with several banks which exceed the federal depository insurance limit as of September 30, 2013 and 2012. Management believes that the credit risk related to these balances is minimal.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Board Designated Accounts

The board elected in 2013 and 2012 to reserve \$1,064,105 and \$1,216,491, respectively, in cash to cover three months of budgeted cash operating expenses in a board designated account for emergency purposes. The cash reserve will allow the Mission to continue operating for a minimum of three months if a disaster were to occur or if a major long-term unforeseen recession or negative revenue or expense trend were to be incurred.

The board elected to reserve cash for an endowment fund or foundation with cash balances of \$91,088 and \$72,423 as of September 30, 2013 and 2012, respectively.

Restricted Cash

The Mission was awarded a grant during the year ended September 30, 2012, which requires reserved cash be kept in separate bank accounts. The Mission was required to establish and fund a housing replacement reserve at a minimum of \$40,500 annually for the duration of the 15-year retention period. The Mission was also required to establish and fund an operating reserve in the amount of \$260,000 during the project period until the completion of the project. During fiscal year 2012, the board was required to set up a renovation account which had a balance of \$30,792 and \$150,896 as of September 30, 2013 and 2012, respectively. At September 30, 2013 and 2012, the balance in these accounts totaled \$331,713 and \$451,517, respectively.

Donated Inventory and Other Assets

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

Donated Services

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

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

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Property, Plant, and Equipment

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

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

Impairment of Long-Lived Assets

The Mission reviews long-lived assets for impairment whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future undiscounted net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or the fair value less costs to sell.

Unrestricted Net Assets

Unrestricted net assets include all net assets which are neither temporarily nor permanently restricted.

Temporarily Restricted Net Assets

Temporarily restricted net assets include contributed net assets for which donor-imposed time and purpose restrictions have not been met and the ultimate purpose of the contribution is not permanently restricted.

Permanently Restricted Net Assets

Permanently restricted net assets include contributed net assets which require, by donor restriction that the corpus be invested in perpetuity and only the income be made available for program operations. The Mission had no permanently restricted net assets at September 30, 2013 and 2012.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Functional Expenses

Directly identifiable expenses are charged to programs and supporting services. Expenses related to more than one function are charged to programs and supporting services on the basis of periodic time and expense studies. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Mission

Income Taxes

The Internal Revenue Service (IRS) has determined that the Mission qualifies for exemption from federal income tax under Internal Revenue Code Section 501(c)(3) as other than a private foundation. Accordingly, no income tax has been recorded in the financial statements.

The Mission's Returns of Organization Exempt from Income Tax (Federal Form 990) for 2009, 2010, and 2011 are subject to examination by the IRS, generally for three years after they were filed.

The Mission accounts for uncertainty in income taxes under the authoritative guidance issued by the Financial Accounting Standards Board (FASB). The Mission uses a threshold of more-likely-than-not to be sustained upon examination to account for uncertainty in income taxes. Measurement of the tax uncertainty occurs if the recognition threshold has not been met. This guidance also addresses derecognition, classification, interest and penalties, disclosure, and transition. The Mission conducts business solely in the U.S. and as a result, files federal and Illinois tax returns. In the normal course of business, the Mission is subject to examination by taxing authorities. The Mission's tax returns for years subsequent to 2009 are open, by statute, for review by authorities. However, at present there are no ongoing income tax audits or unresolved disputes with the tax authorities that the Mission currently files or has filed with.

NOTE 2 - INVENTORIES

Inventories at September 30, 2013 and 2012, consist of the following:

		<u>2013</u>		<u>2012</u>
Donated food and supplies Vocational training food and supplies Donated clothing and housewares, intended for resale Music and books	\$	70,432 6,609 268,971 5,206	\$	101,311 7,059 268,570 5,206
Total inventories	<u>\$</u>	351,218	<u>\$</u>	382,146

NOTE 3 - PLEDGES RECEIVABLE

The Mission received a pledge from a local company for \$5,000 to be received in \$1,000 payments annually over a five-year period, beginning in October 2008 and ending in 2012.

The Mission received a \$3,000 pledge from a local church in fiscal year 2012.

The Mission started a capital campaign in order to raise funds to construct a new building. Dunng fiscal year 2013, the Mission received pledges in the amount of \$559,900 from several local companies. The Mission collected \$101,800 of these pledges prior to the fiscal year-end.

The receivable balances of the pledges were \$458,100 and \$2,000 at September 30, 2013 and 2012, respectively.

NOTE 4 - PROPERTY, PLANT, AND EQUIPMENT

Property, plant, and equipment consist of the following at September 30:

	<u>2013</u>	<u>2012</u>
Land	\$ 571,125	\$ 629,425
Building and improvements	7,165,922	6,439,612
Parking lots	19,328	16,049
Kitchen equipment	108,626	107,629
Program furnishing and equipment	288,830	286,690
Vehicles	183,686	102,928
Musical instruments and sound equipment	9,631	9,631
Office equipment	89,693	91,292
Tools and equipment	55,415	51,743
Computer equipment	156,615	145,281
Store fixtures and equipment	87,827	103,707
Projects in process	<u>19,519</u>	<u>15,670</u>
Total property, plant, and equipment	8,756,217	7,999,657
Accumulated depreciation	(2,773,755)	(2,701,042)
Property, plant, and equipment, net	<u>\$ 5,982,462</u>	<u>\$ 5,298,615</u>

NOTE 5 - LINE OF CREDIT

At September 30, 2013 and 2012, the Mission had an unused line of credit for \$1,000,000 with a bank. The interest rate at September 30, 2013 and 2012, was 3.00 percent and 4.00 percent, respectively. The agreement will expire on May 27, 2014. The line is secured by promises to give and property, plant, and equipment.

NOTE 6 - LONG-TERM DEBT

Long-term debt consists of the following:

Note payable, bank, payable in monthly installments of \$3,776 including interest at 4 percent, final payment due June 2017,		<u>2013</u>	<u>2012</u>		
ecured by building with carrying value of \$900,655 at eptember 30, 2013		217,767	\$	614,992	
Less current maturities		37,170		20,757	
Long-term debt, less current maturities	<u>\$</u>	180,597	<u>\$</u>	594,235	
Future maturities of long-term debt are as follows:					
Years Ending September 30,					
2014 2015 2016 2017	\$	37,170 38,705 40,291 101,601			
Total	<u>\$</u>	217,767			

NOTE 7 - COMMITMENTS

The Mission leased rental space for its Rockford Southgate store. The Southgate lease expired in August 2012 and was not renewed. The Mission leases rental space for the Women's Crisis Center. The Women's Crisis Center lease was renewed in July 2013 and expires in July 2014. Minimum rental commitments are \$27,063 for the year ending September 30, 2014. Rent expense for the years ended September 30, 2013 and 2012, was \$32,476 and \$84,214, respectively.

NOTE 8 - RETIREMENT PLAN

The Mission has a qualified retirement plan under Section 403(b) of the Internal Revenue Code whereby employees may make voluntary contributions. The plan allows the Mission to make discretionary contributions. The Mission made discretionary contributions of \$15,725 and \$15,469 during the years ended September 30, 2013 and 2012, respectively.

NOTE 9 - SUPPLEMENTAL CASH FLOW INFORMATION

Cash paid for interest was \$19,226 and \$6,320 for the years ended September 30, 2013 and 2012, respectively.

During fiscal year 2012, the Mission purchased a building that was financed with long-term debt in the amount of \$620,000.

NOTE 10 - RESTRICTED NET ASSETS

Temporarily restricted net assets consist of the following at September 30:

		<u>2013</u>		<u>2012</u>
Grant agreement Capital campaign Programs		\$ 40,555 703,890 11,894	\$	451,517 - 13,899
Total temporarily restricted net assets	•	\$ 756,339	<u>\$</u>	<u>465,416</u>

NOTE 11 - SUBSEQUENT EVENTS

Management evaluated subsequent events through December 16, 2013, the date the financial statements were available to be issued. Events or transactions occurring after September 30, 2013, but prior to December 16, 2013, that provided additional evidence about conditions that existed at September 30, 2013, have been recognized in the financial statements for the year ended September 30, 2013. Events or transactions that provided evidence about conditions that did not exist at September 30, 2013, but arose before the financial statements were available to be issued have not been recognized in the financial statements for the year ended September 30, 2013.

This information is an integral part of the accompanying financial statements.

SUPPLEMENTARY INFORMATION

ROCKFORD RESCUE MISSION MINISTRIES SCHEDULES OF RESALE STORE EXPENSES Years Ended September 30, 2013 and 2012

		<u>2013</u>		<u>2012</u>
Advertising	\$	3,161	\$	3,352
Building maintenance and supplies	·	29,254	·	5,366
Building insurance		957		624
Building rental		-		53,950
Depreciation		30,813		13,386
Donated professional services		5,530		· _
Education		1,394		1,932
Equipment repairs		508		215
Health insurance		22,172		26,643
Liability insurance		2,881		3,687
Life insurance		707		631
Office supplies and services		970		546
Payroll taxes		20,295		18,250
Postage		72		20
Professional fees		8,227		335
Purchased items for resale		51,206		32,445
Retirement		1,170		1,405
Salaries and wages		310,394		250,970
Small equipment purchases		3,036		678
Retail supplies		15,317		5,066
Other supplies		19,931		15,590
Telephone		3,789		2,746
Utilities		73,972		45,281
Vehicle insurance		2,315		1,768
Vehicle operation		11,520		6,676
Workers' compensation insurance		10,607		7,249
Miscellaneous		2,717	_	750
TOTAL BEAM E ATABE EVENINGS	•	620.045	Φ.	400 EC4
TOTAL RESALE STORE EXPENSES	\$	632,915	\$	499,561

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you a	re filing for an Automatic 3-Month Extension, or re filing for an Additional (Not Automatic) 3-Mo complete Part II unless you have already been or	onth Exten	sion, complete onl	y Part II (on page 2 of t	his form).	
Electron a corpora 8868 to a Return fo	ic filing (e-file). You can electronically file Formation required to file Form 990-T), or an addition request an extension of time to file any of the for Transfers Associated With Certain Personalns). For more details on the electronic filing of the	n 8868 if yo nal (not auto forms listed I Benefit C	u need a 3-month a omatic) 3-month ext d in Part I or Part II Contracts, which m	utomatic extension of ti ension of time. You can with the exception of I ust be sent to the IRS	me to file (6 months for electronically file Form Form 8870, Information in paper format (see	
Part I	Automatic 3-Month Extension of Time	e. Only sul	omit original (no co	opies needed).		
A corpo	ration required to file Form 990-T and reque	sting an a	utomatic 6-month	extension-check this	box and complete	
	y				🕨 🔲	
	corporations (including 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must	use Form 7004 to reque	est an extension of time	
to file inc	ome tax returns.					
			·	Enter filer's identifying number, see instructions		
Type or	Name of exempt organization or other filer, see in	anization or other filer, see instructions. Employer identifi		Employer identification n	ation number (EIN) or	
print				36-6132381		
File by the	Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)			SSN)		
due date fo						
City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
nstructions	ROCKFORD, IL 61110-0458					
Enter the Return code for the return that this application is for (file a separate application for each return)						
Application Is For		Return Code	Application Is For		Return Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)		07	
Form 990-BL		02	Form 1041-A		08	
Form 4720 (individual)		03	Form 4720 (other than individual)		09	
Form 990-PF		04	Form 5227		10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069		11	
Form 990-T (trust other than above)		06	Form 8870		12	
	oks are in the care of ► JAN DANAHER					
• If the o	one No. ► 815-965-5332 rganization does not have an office or place of b	usiness in	ax No. ► 815-965 the United States, c	heck this box		
	s for a Group Return, enter the organization's for	_			. If this is	
	hole group, check this box $\dots extbf{\bar}$. If a the names and EINs of all members the extens		t of the group, chec	K TRIS DOX	► ☐ and attach	
	request an automatic 3-month (6 months for a co		required to file Form	990-T) extension of tim	e	
until MAY 15 , 20 14 , to file the exempt organization return for the organization named above. The extension is						
for the organization's return for:						
	alendar year 20or					
► X tax year beginning OCTOBER 1 , 20 12 , and ending SEPTEMBER 30 , 20 13 .						
	☐ Change in accounting period					
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
	nonrefundable credits. See instructions.				3a \$	
b If	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$				3ь \$	
c B	alance due. Subtract line 3b from line 3a. Includ	de your pay	ment with this form	, if required, by using		
EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ Caution If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-FO and Form 8879-FO for payment						