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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Form 990 (2013)

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u> F	or the	2013 calendar year, or tax year beginning JUL 1, 2013 and e	ending J	UN 30, 2014						
B c	heck if oplicable	C Name of organization	_	D Employer identific	ation number					
	Addres change	ROCKFORD ROTARY CHARITABLE ASSOCIATION	<b>1</b>		77650					
	Name change	Doing Business As	Doing Business As							
<u></u>	]Initial  return  Termin		Room/suite	E Telephone number	061 7106					
<u> </u>	Jated ]Am∉no	JOI /III DIRECI			961-7106 160,589.					
$\vdash$	Jreturn ∏Applica	City or town, state or province, country, and ZIP or foreign postal code  ROCKFORD, IL_61104-1242		G Gross receipts \$						
Ь.	Jtiön pendin			for subordinates?	H(a) Is this a group return for subordinates?					
		120 W. STATE STREET, ROCKFORD, IL 6110	15	H(b) Are all subordinates inc						
ı T	ax exe	mpt status		1 ' '	ist. (see instructions)					
		e: ▶ ROCKFORDROTARY.ORG		H(c) Group exemption						
		organization: X Corporation Trust Association Other	L Year	<del></del>	State of legal domicile: IL					
Pa		Summary								
•	1	Briefly describe the organization's mission or most significant activities. TO PR	ROVIDE	LEADERSHIP	SUPPORT					
Activities & Governance		FOR AT RISK YOUTH WITHIN THE COMMUNITY.								
rna		Check this box   If the organization discontinued its operations or dispos	ed of more	than 25% of its net as:	sets.					
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	14					
න න	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14					
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0					
Ξ		Total number of volunteers (estimate if necessary)		6	50					
Act		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
	b	Net unrelated business taxable income from Form 990-T, line 34	1	7b	<u> </u>					
			$\vdash$	Prior Year	Current Year					
ne	l	Contributions and grants (Part VIII, line 1h)	17,525.	6,308.						
Revenue	l	Program service revenue (Part VIII, line 2g)	<u> </u>	0.	0.					
Be.	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		30,492.	39,088.					
	l .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 19c, and 11e)	<u> </u>	2,568. 50,585.	5,406. 50,802.					
		Total revenue - add lines 8 through 11 (must equal Part VIII; column (A) / line 12) Grants and similar amounts paid (Part IX, column (A) / lines 1-3)	#-	43,066.	27,293.					
		Benefits paid to or for members (Part IX, column (A), line (1))	₹	0.	0.					
<b>(A</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10);	0.	0.						
Expenses		Professional fundraising fees (Part IX, column (A), line (139)	<i>i</i>	0.						
per		Total fundraising expenses (Part IX, column (D) Line 25)	0.							
ŭ	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,607.	6,312.					
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		52,673.	33,605.					
	19	Revenue less expenses. Subtract line 18 from line 12		<2,088.	> 17,197.					
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)		987,580.	1,004,777.					
d As	21	Total liabilities (Part X, line 26)		0.	0.					
캳	22_	Net assets or fund balances Subtract line 21 from line 20 .		987,580.	1,004,777.					
	art II	Signature Block								
		lties of perjury, I declare that I have examined this return, including accompanying schedules		-	knowledge and belief, it is					
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.						
۵.		Signature of officer //		Date						
Sig		Mussell & Succiollo		112-30-	14					
Her	е	Type or print name and title The was H SCRINCUC T	RUHSU							
		Print/Type preparer's name  Preparer's signature  Preparer's signature		Date Check	PTIN					
Paid	1	DAN G. LOESCHER // Carefu		10/72/14 self-employe						
	arer	Firm's name LOESCHER & ASSOCIATES, LTD.	1	Firm's EIN	36-4038006					
	Only	Firm's address 6845 WEAVER ROAD, SUITE 200		T IIII O CIN						
	•	ROCKFORD, IL 61114		Phone no.81!	5-637-9584					
May	the If	3S discuss this return with the preparer shown above? (see instructions)			X Yes No					

	t III Statement of Program Service Accomplishments
rai	<del></del>
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE LEADERSHIP SUPPORT FOR AT RISK YOUTH IN AN EFFORT TO
	IMPROVE THE PERFORMANCE AND OUTCOME OF THE STUDENTS IN THE ROCKFORD
	PUBLIC SCHOOL DISTRICT FOR THE BENEFIT OF THE GENERAL PUBLIC.
	Did the execution indicately an execution of the executio
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  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.
7	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 \$ 23,188. including grants of \$ 18,525.) (Revenue \$
	ROTARY ACADEMY PROGRAM - THE ROTARY ACADEMY PROGRAM IS ROCKFORD ROTARY
	CHARITABLE ASSOCIATION'S SIGNATURE PROJECT. THE ROTARY ACADEMY IS A
	LEADERSHIP PROGRAM FOR AT RISK YOUTH IN THE ROCKFORD PUBLIC SCHOOL
	DISTRICT #205. IT INVOLVES MIDDLE SCHOOL STUDENTS RECEIVING VARIOUS
	LEADERSHIP AND TEAMWORK TRAINING, SUCH AS PARTICIPATION IN A HIGH ROPES
	COURSE OFFERED BY THE LOCAL YMCA, CRITICAL THINKING TRAINING, ETIQUETTE
	TRAINING AND RELATED EDUCATIONAL ACTIVITIES USUALLY INVOLVING A GROUP
	SERVICE PROJECT BY THOSE PARTICIPATING AT EACH OF THE DISTRICT'S MIDDLE
	SCHOOLS. THIS REPRESENTS A VERY SUBSTANTIAL ONGOING ACTIVITY FOR THE
	BENEFIT OF THE GENERAL PUBLIC IN EFFORTS TO IMPROVE THE PERFORMANCE AND
	OUTCOME OF THE STUDENTS IN THE ROCKFORD PUBLIC SCHOOL DISTRICT.
4b	(Code) (Expenses \$4, 294. including grants of \$9) (Revenue \$9)
	ROCKFORD ROTARY CHARITABLE ASSOCIATION ANNUALLY MAKES GRANTS TO OTHER
	CHARITABLE ROTARY PROGRAMS. GRANTS WERE MADE TO THE ROTARY YOUTH
	LEADERSHIP AWARDS (RYLA) TO DEVELOPE SKILLS AND CHARACTER IN YOUNG
	ADULTS AGES 14-30 AND ROTARY INTERNATIONAL FOUNDATION FOR THE
	ERADICATION OF POLIO (POLIO PLUS PROGRAM).
4c	(Code) (Expenses \$ 4,000 . including grants of \$ 4,000 .) (Revenue \$ )
	COLLEGE SCHOLARSHIPS - BASED ON A GENEROUS GIFT FROM THE BROTHER OF A
	DECEASED MEMBER, THE ROCKFORD ROTARY CHARITABLE ASSOCIATION ESTABLISHED
	A SCHOLARSHIP PROGRAM BY WHICH THE PRINCIPALS OF THE 10 AREA HIGH
	SCHOOLS SELECT A TEACHER AND A MALE AND FEMALE SENIOR STUDENT TO BE
	RECOGNIZED FOR THEIR COMMUNITY SERVICE WITH THE STUDENTS INVITED TO
	WRITE AN ESSAY ABOUT THEIR COMMUNITY SERVICE TO BE CONSIDERED FOR A
	SCHOLARSHIP. THE ESSAYS ARE REVIEWED BY A COMMITTEE OF THE ROCKFORD
	ROTARY CHARITABLE ASSOCIATION AND TWO OF THE STUDENTS, ONE MALE, ONE
	FEMALE, ARE SELECTED TO RECEIVE A \$2,000 SCHOLARSHIP EACH FOR THEIR
	FIRST YEAR OF COLLEGE OR OTHER POST-SECONDARY EDUCATION.
	THE ROCKFORD ROTARY CHARITABLE ASSOCIATION GENERALLY FUNDS TWO
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 474 · including grants of \$ 474 ·) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 31,956.

332002 10-29-13

			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		v	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1	X	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2_		
•	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) election in effect	-		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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?			
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			**
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114	<u> </u>	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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_
	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		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			٠,
	Schedule D, Parts XI and XII  Was the organization included in consolidated independent sudited financial statements for the toruser?	12a	_	<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	40L		X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. 14		_ <del></del>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Bort VIII, line 9e3 if "Yes,"	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	40		v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
				(0040)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X	
22	Did the organization report more than \$5,000 of grants or 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	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			1
	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 25a	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		
d	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		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			Į
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
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		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	ļ	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	X_	
35a		35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	l		
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	(0010)

NOCKFORD ROTARY CHARITABLE ASSOCIATION
Statements Regarding Other IRS Filings and Tax Compliance Form 990 (2013).
Part V. Sta

	Check in Constant C Contains a response of note to any line in this? are v					<u> </u>
			-1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		ļ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportal	ble gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0			
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the second of the			_2b		
_	Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)				v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	^		3a		<u> X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-			v
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	11)?	_4a		<u>X</u>
b	If "Yes," enter the name of the foreign country:		-4-			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accour	nts.			v
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-40		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file. Form 9886 T2	Ction?		5b	<u> </u>	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		anunction collect	5c		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie orga	anization solicit	C-		X
L	any contributions that were not tax deductible as charitable contributions?	one o	r aufta	_6a		Α_
D	If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible?	10115 0	rgiits	e h		
7	Organizations that may receive deductible contributions under section 170(c).			6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvicas n	rovided to the navor?	7a		X
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	i vices p	novided to the payor:	7b		_21
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	ured	7.5		
·	to file Form 8282?	as roq	uiicu	7c		Х
а	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		et?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		•••	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fi		399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.	-				
а	Did the organization make any taxable distributions under section 4966?			9a		i
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				ĺ	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	I			
	organization is licensed to issue qualified health plans	13b		{	l	
	Enter the amount of reserves on hand	13c	<u> </u>	ļ	<u> </u>	
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	ļ	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b		<u> </u>

	(2013)	

ROCKFORD ROTARY CHARITABLE ASSOCIATION

<u>36-6077650</u>

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to mile out of the second the endamentalists, processes, or changes in ochequie of oce instituctions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
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 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
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		X
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	X	
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	_8a	X	
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 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.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	_	X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b		X
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			_
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	L	<u> </u>
	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) and 990-T (	ıvaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website W Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
••	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 organiza	tion.		
	TOM SCOVILLE - 815-961-7106 501 SEVENTH STREET POCKEORD II 61104			
	SULSBOUNDER STERRE REPERENDE LE STILL			

Form 990	(2013)	
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### ROCKFORD ROTARY CHARITABLE ASSOCIATION

36-6077650

Page **7** 

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

hours per week (list any hours for related organizations below line)  (1) REID MONTGOMERY  (2) BEVERLY BROYLES  (3) JAMES M. COFFEY  (4) KATHY KWIAT-HESS  (5) LINDA JOHNSON  (Ist any hours for related organizations box, unless person is both an officer and a director/trustee)  (Inst any hours for related organizations from the organization (W-2/1099-MISC)  (W-2	(A)	(B)			(C		1		(D)	(E)	(F)
week	Name and Title	Average	(do not check more than one		Reportable	Reportable	Estimated				
(itst any hours for related organizations below line)   2									1 '	•	
TRID MONTGOMERY		(list any hours for related organizations	dual trustee or director	ubonal trustee		mployee	ist compensated tyee	- E	the organization	organizations	compensation from the organization and related
O. 50   X   O. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		line)		th Sti	₩	Key	High	Form			
C2   BEVERLY BROYLES	(1) REID MONTGOMERY	0.50									
DIRECTOR	DIRECTOR		X						0.	0.	0.
(3) JAMES M. COFFEY	(2) BEVERLY BROYLES	0.50									
DIRECTOR	DIRECTOR		X						0.	0.	0.
(4) KATHY KWIAT-HESS	(3) JAMES M. COFFEY	0.50									
MEMBERSHIP CHAIR & DIRECTOR   X	DIRECTOR		X		L		<u> </u>		0.	0.	0.
Column	(4) KATHY KWIAT-HESS	0.50						l			
Director   X	MEMBERSHIP CHAIR & DIRECTOR		X						0.	0.	0.
Column	(5) LINDA JOHNSON	0.50									
DIRECTOR	DIRECTOR		X			<u>L</u>	L.		0.	0.	0.
(7) ROBERT CANFIELD	(6) LORI GUMMOW	0.50								_	
PAST-PRESIDENT	DIRECTOR		X			ļ	L	<u>_</u>	0.	0.	0.
(8) ROBERT HEAD  DIRECTOR  (9) WARREN HEINKE  DIRECTOR  (10) PAUL HILL  DIRECTOR  (11) RUSS JOHANSSON  PROGRAM CHAIRMAN & DIRECTO  (12) CAROLYN M, ALLISON  SECRETARY  (13) TOM SCOVILLE  TREASURER  (14) TERRY D, ANDERSON  CHAIRMAN SPECIAL PROJECTS  (15) THOMAS MICHALOWSKI  PRESIDENT  (16) NANCY KALCHBRENNER   O. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(7) ROBERT CANFIELD	0.50								_	
DIRECTOR	PAST-PRESIDENT		X	_	ļ	-	<u> </u>	_	0.	0.	0.
(9) WARREN HEINKE DIRECTOR (10) PAUL HILL DIRECTOR (11) RUSS JOHANSSON PROGRAM CHAIRMAN & DIRECTO (12) CAROLYN M. ALLISON SECRETARY (13) TOM SCOVILLE TREASURER (14) TERRY D. ANDERSON CHAIRMAN SPECIAL PROJECTS (15) THOMAS MICHALOWSKI PRESIDENT (16) NANCY KALCHBRENNER   X	(8) ROBERT HEAD	0.50									
DIRECTOR   X		0.50	X	-		-	ļ	_	0.	0.	<u> </u>
Column	• • •	0.50	-			1		1			
DIRECTOR		0.50	X	-	├—	├	-	_	U .	<u> </u>	
(11) RUSS JOHANSSON  PROGRAM CHAIRMAN & DIRECTO  (12) CAROLYN M. ALLISON  SECRETARY  (13) TOM SCOVILLE  TREASURER  (14) TERRY D. ANDERSON  CHAIRMAN SPECIAL PROJECTS  (15) THOMAS MICHALOWSKI  PRESIDENT  (16) NANCY KALCHBRENNER  O. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		0.50	\ -		ļ						•
PROGRAM CHAIRMAN & DIRECTO		0.50	<u> </u>	<u> </u>	<u> </u>	-	<del> </del>	_	0.		
(12) CAROLYN M. ALLISON  SECRETARY  (13) TOM SCOVILLE  TREASURER  (14) TERRY D. ANDERSON  CHAIRMAN SPECIAL PROJECTS  (15) THOMAS MICHALOWSKI  PRESIDENT  (16) NANCY KALCHBRENNER  O. 50  X  O. 0. 0.  O. 0.		0.50	₩.							_	^
X   0. 0. 0.		0.50	┝	├	┢	<del>}</del>	}	}—	<u> </u>	<u> </u>	
(13) TOM SCOVILLE  TREASURER  (14) TERRY D. ANDERSON  CHAIRMAN SPECIAL PROJECTS  (15) THOMAS MICHALOWSKI  PRESIDENT  (16) NANCY KALCHBRENNER  O.50  X  O. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		0.50	┨		v				0	0	^
TREASURER   X		0.50	╁╾	<u> </u>	^	├	1			<u> </u>	
(14) TERRY D. ANDERSON       0.50         CHAIRMAN SPECIAL PROJECTS       X       0.0.0         (15) THOMAS MICHALOWSKI       0.50         PRESIDENT       X       0.0.0         (16) NANCY KALCHBRENNER       0.50		0.30	┧		v				0	0	n
CHAIRMAN SPECIAL PROJECTS         X         0.         0.         0           (15) THOMAS MICHALOWSKI         0.50         X         0.         0.         0           PRESIDENT         X         0.         0.         0           (16) NANCY KALCHBRENNER         0.50         0.         0		0.50	$\vdash$	<u> </u>	1	<del>                                     </del>	1	$\vdash$			
(15) THOMAS MICHALOWSKI		0.30	1		x			1	0.	0.	n.
PRESIDENT X 0. 0. 0. (16) NANCY KALCHBRENNER 0.50		0.50	<del>                                     </del>			T	T	$\vdash$	1		
(16) NANCY KALCHBRENNER 0.50	, ,	0.50	1		x		1		n.	n.	ი.
		0.50	<del>                                     </del>	1	† <del></del>	t					
			1	1	v					١	ا ا

									ASSOCIATION	36-60	<u> </u>	<u>650</u>	P	age 8
Part	- 1 0000001711 011100101 D110010101 11100		ploy	ees			ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related		an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fr org and	pensa om th anızat d relat anızatı	e ion ed
-					-									
					-			-						
										<u> </u>				
1b	Sub-total		L	ı				<b></b>	0.		0.			0.
	Total from continuation sheets to Part V	I, Section A						<b>&gt;</b>	0.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to th	000	lieta	ad al	hove	2) va/l	<u>▶</u>	0.	000 of reportable	0.			0.
	compensation from the organization					-				,000 of reportable				0
											ı		Yes	No
1	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3		х
;	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual	_		4		х
	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							elat	ted organization or indiv	idual for services		5		x
	on B. Independent Contractors	picte Geriedan	50,	0/ 3	JUIT	pers	3011					3		
	Complete this table for your five highest co the organization. Report compensation for										pens	ation f	rom	
	(A) Name and business			INC					(B) Description of s		С	(C ompe	) nsatio	n
					·								_	
											•			
					•					-				
						_				-			·	
	Total number of independent contractors ( \$100,000 of compensation from the organi		ot la	mite	d to		se li:	stec	d above) who received n	nore than	•			
	, see the see that the significant the significant											Form	990 (	2013)

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts st	1 a	Federated campaigns	1a					
irar our	b	Membership dues	1b					
P, G	c	Fundraising events	1c	-				
計	d	Related organizations	1d					
is, (	е	Government grants (contribut	ions) 1e					
rior	f	AU 11	• —					
ફ		similar amounts not included abo		6,308.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$					
<u>8 0</u>	h	Total. Add lines 1a-1f	· 	<b></b>	6,308.			
				Business Code				
<u>8</u>	2 a	l <u></u>			<u>, -</u>			
e ₹	b	·						
en S	c	:						
Program Service Revenue	C	·	<del></del>					
	е	<u> </u>						
۱ ۳	f	All other program service reve	enue					<u> </u>
-	<u> </u>	Total. Add lines 2a-2f	·	<b>•</b>				<del> </del>
	3	Investment income (including	dividends, intere	est, and				1
1		other similar amounts)			25,897.			25,897.
	4	Income from investment of ta	x-exempt bond p	proceeds				
- 1	5	Royalties		T	<del></del>			
	_		(ı) Real	(II) Personal				
	6 a							
ŀ	t							
	•	Rental income or (loss)						
		Net rental income or (loss)	() 0	(1) (2)				-
1	/ a	Gross amount from sales of	(i) Securities 122,978.	(II) Other				1
		assets other than inventory	144,970.					
	C	Less: cost or other basis and sales expenses	109,787.					
		Gain or (loss)	13,191.					
		Net gain or (loss)	13,131.		13,191.	!		13,191.
	ο -	Gross income from fundraisin	a events (not		<u> </u>			13,191.
nue	0.0	including \$	of			,		1
š		contributions reported on line						
Other Reven		Part IV, line 18	а					
‡	Ŀ	Less: direct expenses	b					1
0		Net income or (loss) from fund		<b>•</b>				
		Gross income from gaming a	•					
		Part IV, line 19	а					
- 1	t	Less. direct expenses	b					
	c	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	t	Less cost of goods sold	b					
		Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu	16	<b>Business Code</b>				
	11 a	ROTARY ACADEMY		900099	4,223.			
	t	ROCK VALLEY COL	LLEGE LU	900099	1,183.	1,183.		
	C	·			. <u> </u>			<u> </u>
	•	All other revenue						<del>                                     </del>
	•	Total. Add lines 11a-11d		<b>&gt;</b>	5,406.			<del>                                     </del>
22222	12	Total revenue. See instructions.			50,802.	5,406.	0	<u>. 39,088.</u>

Par	TIX Statement of Functional Expense	es			
Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A)	
	Check if Schedule O contains a respon	-	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	27,293.	27,293.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22			_	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying		·		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	820.	820.		
13	Office expenses				
14	Information technology				· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	ACADEMY LUNCHES	3,236.	3,236.		
b	TRUST FEES	1,260.	-,	1,260.	
c	SPECIAL EVENTS	532.	532.		
d	SCHWAB ACCOUNT FEES	330.		330.	
	All other expenses	134.	75.	59.	
25	Total functional expenses. Add lines 1 through 24e	33,605.	31,956.	1,649.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

ıf following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 143,187. 86,178. Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 Inventories for sale or use 8 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 844,393. 918,099. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 500 15 Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 987,580. 004. 777 16 16 17 Accounts payable and accrued expenses 17 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 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 0 0. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 987,580. 1,004,777. 30 31 Paid-in or capital surplus, or land, building, or equipment fund О. 31 32 Retained earnings, endowment, accumulated income, or other funds 0. 0. 32

> 1,004,777. Form **990** (2013)

> 1,004,777.

987,580.

987,580

33

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

	990 (2013) · ROCKFORD ROTARY CHARITABLE ASSOCIATION	36-607	7650	Page	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	50	),8C	<u>)2.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	_2	33	3,60	)5.
3	Revenue less expenses. Subtract line 2 from line 1	3	17	7,19	<del>3</del> 7.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	987	7,58	30.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			-	
	column (B))	10	1,004	1,77	77.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			[	
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	] [		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
		·	Form	990 (2	2013)

### **SCHEDULE**·A

(Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No 1545-0047

Name of	the organizati	on						E	mployer i	dentificati	on nur	nber
		ROCKFOR	RD ROTARY CHA	RITAB	LE AS	SOCIA	TION		36	<u>-6077</u>	<u>650</u>	
Part I			rity Status (All organiz				··-	ructions				
1	A church, con A school des A hospital or A medical res city, and stat	nvention of churche cribed in section 1 a cooperative hosp search organization e	because it is. (For lines of church of a college or under the church of a college or	ches described with a hos	ribed in se in section pital desci	170(b)(1)(nbed in se	(b)(1)(A)(i) (A)(iii). ction 170	(b)(1)(A)(i			's nam	θ,
6	A federal, sta An organizati section 170( A community	on that normally red b)(1)(A)(vi). (Completors trust described in	nent or governmental unit ceives a substantial part	of its supp (Complete	ort from a Part II.)	governme	ntal unit o					
e X  f g	activities relations and a See section of An organization	ted to its exempt furirelated business in the solution organized and conformation organized and conformation organized and conformation in this box, I certify the sanagers and other ation received a wing anization, check to the solution of the solution of a persocontrolled entity of a solution o	inctions - subject to certa taxable income (less sect the Part III.) operated exclusively to teleperated exclusively for the tations described in section organization and completion type II c Ty at the organization is not than one or more publicly itten determination from the	ain exception 511 ta st for public ne benefit of on 509(a)(1) ete lines 11 ype III - Fui controlled y supporte the IRS that my gift or collone or tog	ons, and (2 x) from but to safety. Sof, to perform the through netionally indirectly odd organizati it is a Typontribution ether with	2) no more sinesses a See section for the fur on 509(a)(2 in 11h. integrated in rindirectly ations descripe I, Type	than 33 1 cquired b n 509(a)(4 nctions of, c) See sec by one or cribed in s II, or Type	/3% of its y the organic tion 509(	s support frantization a ry out the property (a)(3). Check the construction of the con	from gross fter June 3 curposes o ck the box functionall persons oth	investi 0, 197 of one of that y integrer than	ment 5. or rated
	of supported anization	(ii) EIN	(described on lines 1-9	(iv) Is the of in col. (i) Is governing of Yes	sted in your	organizat	organizati (i) organiz	(vii) Amount of moneta support U.S.?				
otal .												

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990 EZ) 2013

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support		<del></del> -				
ale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
-	membership fees received (Do not	l					,
	include any "unusual grants.")	l					
2	Tax revenues levied for the organ-		·				
_	ization's benefit and either paid to	l					
	or expended on its behalf	l					
3	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
9	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)						
_							
	Public support. Subtract line 5 from line 4 cition B. Total Support				<u> </u>		<u> </u>
		(a) 2000	(h) 2010	(2) 2011	(4) 2012	(a) 2012	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) 10tai
-							
8	Gross income from interest,	ı					
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources				-		
9	Net income from unrelated business						
	activities, whether or not the			İ			
	business is regularly carried on						
10	Other income. Do not include gain	1					
	or loss from the sale of capital	I					
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10		<u> </u>	1		<del>                                     </del>	<u>i</u>
	Gross receipts from related activities,	•	·			12	
13	First five years. If the Form 990 is for	=	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	<b>.</b> —
200	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				
			•	ookuma (fi)	·	144	0/
	Public support percentage for 2013 (	, ,,		column (1))		15	<u>%</u> %
	Public support percentage from 2012 33 1/3% support test - 2013. If the c			n line 12 and line	14 10 22 1/20/ 07		
102	• •				14 15 33 17370 01 1	nore, check this be	DX allu ►
	stop here. The organization qualifies		-		d line 15 in 22 1/20	4 ar mara abaak t	his box
K	33 1/3% support test - 2012. If the c				J III 19 13 18 33 1737	o or more, check t	IIIS DOX
47	and stop here. The organization qual				- 10 16 16b	and line 14 is 100/	~ — — — — — — — — — — — — — — — — — — —
1/8	10% -facts-and-circumstances tes	_	=				
	and if the organization meets the "fac					irt iv now the orga	nization
	meets the "facts-and-circumstances"	•	•		•	49 45	100/
t	10% -facts-and-circumstances tes	_	=				
	more, and if the organization meets ti				•		e
	organization meets the "facts-and-circ		=				
18	Private foundation. If the organization	<u>n dia not check a</u>	DOX ON line 13, 16	oa, 160, 1/a, or 17	D, Check this box		ns P 200 57) 2012

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	ion, piodoo com	pioto i dit ii j				
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and				1	1 1	.,
membership fees received. (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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-						
iness under section 513						
		-		<del> </del> -		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf					-	
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and		1				
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that				<b>i</b>		
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		- <del></del>	1_	•	,	
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	(4)2000	(5) 2010	(0) 2011	(0) 2012	(6) 2010	(i) rotal
10a Gross income from interest,		<u> </u>				
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					<u> </u>	
c Add lines 10a and 10b				<u> </u>		
11 Net income from unrelated business						
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.)					1	
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here						
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2013 (li	ne 8, column (f)	divided by line 13,	column (f))		15	9/
16 Public support percentage from 2012	Schedule A, Par	t III, line 15	• • • • • • • • • • • • • • • • • • • •		16	9
Section D. Computation of Inves						·
17 Investment income percentage for 20					17	9
18 Investment income percentage from 2		· · · · · · · · · · · · · · · · · · ·	,		18	9
19a 33 1/3% support tests - 2013. If the		•	on line 14 and lin	e 15 is more than		
more than 33 1/3%, check this box ar	_					., 13 1101
b 33 1/3% support tests - 2012. If the	•	= -	•	•		and
• •	_				•	
line 18 is not more than 33 1/3%, chec					•	
20 Private foundation. If the organization	i ula not check a	<u>a DOX ON IINE 14, 15</u>	a, or 190, check t	ırııs dox and see ii	ISTRUCTIONS	

Dort IV	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12.
raitiy	, and the same of
	Also complete this part for any additional information (See instructions).
_	
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SCHEDULE I (Form 990)

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

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

Employer identification number ž 36-6077650 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990. ROCKFORD ROTARY CHARITABLE ASSOCIATION Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

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

Part II

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addition	onal space is need	led.	(f) Mothod of		
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF ROCK RIVER VALLEY 200 Y BLVD ROCKFORD IL 61107	36-2174838	501(C)(3)	17,333,	0			COMPLETE A WATER WELL FOR A CHILDREN'S ORPHANGE IN GUATEMALA,
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. Enter total number of other organizations listed in the line 1 table.	nd government orc	ganizations listed in the	e line 1 table				

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

Schedule I (Form 990) (2013)

Page 2 Schedule I (Form 990) (2013) (f) Description of non-cash assistance 36-6077650 (e) Method of valuation (book, FMV, appraisal, other) 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. Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance ROCKFORD ROTARY CHARITABLE ASSOCIATION (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2013) 332102 10-29-13 Part III

## **SCHEDULE 0**

(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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

332211 09-04-13

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

ROCKFORD ROTARY CHARITABLE ASSOCIATION

**Employer identification number** 36-6077650

Schedule O (Form 990 or 990-EZ) (2013)

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
SCHOLARSHIPS FOR STUDENTS AT ROCKFORD COLLEGE, ONE IN THE AREA OF
CRIMINAL JUSTICE AND THE OTHER IN LIBERAL ARTS. THE STUDENTS ARE
SELECTED BY THE FACILITY AND ADMINISTRATION OF ROCKFORD COLLEGE, A
PRIVATE FOUR YEAR LIBERAL ARTS COLLEGE WHICH IS A 501(C)(3)
ORGANIZATION.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
GRANTS TO OTHER CHARITABLE ORGANIZATIONS - ROCKFORD ROTARY CHARITABLE
ASSOCIATION ANNUALLY MAKES GRANTS TO OTHER CHARITABLE ORGANIZATIONS.
GRANTS WERE MADE TO THE ORGANIZATION: CRISIS IN COLORADO TO ASSIST
FLOOD VICTIMS.
EXPENSES \$ 474. INCLUDING GRANTS OF \$ 474. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 7A:
EXPLANATION: THE MEMBERS OF THE ORGANIZATION ELECT THE DIRECTORS AND
OFFICERS WHO ARE EX-OFFICIO DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: FORM 990 IS REVIEWED BY THE TREASURER AND THE CHAIRMAN OF THE
SPECIAL PROJECTS COMMITTEE WHO IS VOLUNTEER LEGAL COUNSEL FOR THE
ORGANIZATION.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE ORGANIZATION'S ARTICLES OF INCORPORATION, BYLAWS, AND
CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR INSPECTION BY MEMBERS OF THE  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2013)

	redule O (Form 990 or 990-EZ) (2013)  The of the organization  ROCKFORD ROTARY CHARITABLE ASSOCIATION  Page 2  Employer identification number 36-6077650												
Name of the	organizati		ROTARY	CHARITABLE	ASSOCIATION	Employer identification number 36-6077650							
PUBLIC	UPON	REQUEST.											
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SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

# Related Organizations and Unrelated Partnerships

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

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2013

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

ROCKFORD ROTARY CHARITABLE ASSOCIATION

Employer identification number 36-6077650 Open to Public Inspection

Direct controlling entity End-of-year assets **e** Total income Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Partl

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part II

												•
	(g) Section 512(b)(13) controlled	entity?	N <sub>o</sub>			×			×			
	Section Section	ent	Yes									
	(f) Direct controlling	entity										
		status (if section	501(c)(3))					LINE 11C,	LII-FI			
	(d) Exempt Code	section				501(C)(7)			501(C)(3)			
	(c) Legal domicile (state or	foreign country)				ILLINOIS			ILLINOIS			
	(b) Pnmary activity					SERVICE ORGANIZATION		INFORMATION ON JAPANESE	CULTURE			
organizations during the tax year.	(a) Name, address, and EIN	of related organization		ROTARY INT'L - ROCKFORD ROTARY CLUB -	36-6074831, 501 7TH STREET, ROCKFORD, IL	61104	ANDERSON GARDENS - 36-4201695	318 SPRING CREEK ROAD	ROCKFORD, IL 61107			

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

Schedule R (Form 990) 2013

332161 09-12-13 LHA

Page 2 36-6077650

Schedule R (Form 990) 2013 ROCKFORD ROTARY CHARITABLE ASSOCIATION

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

Part III

(X	General or Percentage managing ownership partner?								
9	General or managing partner?						 		
Θ	Code V-UBI amount in box n 20 of Schedule 4 K-1 (Form 1065)								
2	ons?						-		
Ξ	Disproportionat allocations?								
(6)	Share of end-of-year assets								
<b>(</b>	Share of total income								
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)								
Ð	Direct controlling entity								
(0)	Legal domicile (state or foreign country)								
(Q)	Primary activity								
(a)	Name, address, and EIN of related organization								

art IV	Identification of R
	organizations treated as a corporation or trust during the tax year.

	<u>۔</u>	512(b)(13) controlled entity?	ĝ								
Ľ	_; 	512( cont	Yes								
	Ξ	Percentage ownership									
		of ear	dosers								
!		<u> </u>									
1	(e)	Type of entity (C corp, S corp,	henn io								
	<u> </u>	Direct controlling entity									
1	<u></u>	Legal domicile (state or foreign	country)								
וווק נווס נמא אסמו.	<b>(</b> 2)	Primary activity									
ייים אייים וייים וייים וייים מייים מייים אייים וייים מייים מיים מייים מי	(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2013

Page 3

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Part V
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Mate Complete line 1 of any antitional indeed in Date II III as IV of this appropriate				- 1-
Note: Compare mine in any chiral procedure and in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	ın Parts II-IV?	v v
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity			,	1a X
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)			٠	X bt
e Loans or loan guarantees by related organization(s)				1e X
f Duidands from related organization(s)				
				†-
n Purchase of assets from related organization(s)				
i Exchange of assets with related organization(s)			:	;=
j Lease of facilities, equipment, or other assets to related organization(s)		•		il X
k Lease of facilities, equipment, or other assets from related organization(s)				*
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			
	ron(s)		•	
o Shanng of paid employees with related organization(s)	·			
p Reimbursement paid to related organization(s) for expenses		•		Tp. X
q Reimbursement paid by related organization(s) for expenses				Tq X
				ts X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(1)				
(3)				
(4)				
(4)		50		
(9)				
332163 09-12-13			Schedul	Schedule R (Form 990) 2013

7650 Page 4

36-6077650

Schedule R (Form 990) 2013 ROCKFORD ROTARY CHARITABLE ASSOCIATION

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

Legal domicile Predomental informe parties; set Share of related, unrelated, constituting the country) under section 512-514) Yes No income country) under section 512-514) Yes No income country)	(a) (b) (c) (d)	(q)	(2)	(b)	(e) Are all	<b>(£)</b>	(F)	(3)	5	8
under section 512-514) Yes No Income assets	Z	Primary activity	g g	Predominant income pa (related, unrelated, 5 excluded from tax	orgs ?	Share of total	Dispropor- tonate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General o managing partner?	Percentage
				under section 512-514) Y.	oN Se	ешосоше	Yes	(Form 1065)	Yes	
				-						_
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Schedule R (Form 990) 2013

Schedule R	Supplemental In	ROCKFORD	ROTARY	CHARTTABLE	ASSOCIATION	<u> 36-6077650</u>	Page 5
Part VII	∫ Supplemental In	tormation					
	Provide additional info	ormation for responses	to questions	on Schedule R (see ins	structions).		
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# Rockford Rotary Charitable Association Cost Basis of Investments June 30, 2014

FEIN: 36-6077650

	Beginning of Year	End of Year
FNMA DTD 1.00% Due 9/23/2013	24,887	-
Colgate-Palmolive 1.375% Due 11/1/2015	25,725	25,725
General Electric Cap Corp 4.55% Due 8/15/2015	27,313	27,313
Goldman Sachs Corp 5.15% Due 1/15/2014	26,269	_
JPMorgan Chase & Co. 3.7% Due 1/20/2015	26,563	26,563
Wells Fargo & Co. 5% Due 11/15/2014	27,060	27,060
Vanguard Euro Stock Index	127,222	121,038
Vanguard Institutional Index	270,534	248,792
Vanguard Pacific Stock Index	49,868	51,168
Vanguard REIT Index	25,090	26,326
Vanguard Emerging Markets	38,410	47,410
Vanguard Small Cap	144,907	125,518
Vanguard Inflation Protected Securities Fund	11,472	59,259
Vanguard Short-Term Bond Index	9,097	59,211
Vanguard Total Bond Market Index Fund	9,976	72,716
Total Cost	844,393	918,099