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Return of Organization Exempt From Income Tax

2013

OMB No 1545-0047

Department of the Treasury

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

▶ 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

interne	11000	0040						•-					
	or the	2013 calend	lar year, or tax year begin			0-01 , 2013 , a	and end	ing		-30 ,2014			
B c	heck if a	pplicable	C Name of organization ROCK	FORD RESCUE	MISSION MIN	ISTRIES				D Employer identification no			
ַ ⊿	ddress o	hange	Doing Business As							36-6132381			
	lame cha	inge	Number and street (or PO box	x if mail is not delivere	d to street address)			Room/suite		E Telephone number			
	ntal retu	m	P O BOX 1958							(815) 965-5332			
□ 1	erminate	d	City or town, state or province,	country, and ZIP or for	reign postal code					5,386,452			
	mended	return	Rockford, IL 61	L110-0458						G Gross receipts \$			
	pplicatio	n pending	F Name and address of princip	pal officer STAN	VALIULIS								
			Same as C above	2				H(a) Is this a g	roup ret ites?	urn for Yes X No			
	ax-exem	ot status 🔯) (insert no)	4947(a)(1) or	527		H(b) Are all su	bordinat	es included? Yes No			
	/ebsite.		. ROCKFORDRESCUEMI	······································		·		If "No," at	tach a li	st. (see instructions)			
	_	rganization 🛚		ociation Other	>	L Year of format	ion 1 Q	J		al domicile IL			
Pa		Summar		COMMON CONTRACT		1 104 01101114		01	o oog.	11			
L:	1		be the organization's mission	on or most signific	ant activities u	OMELESS SHE	מיייי. די	FFFDTNC	DROG	ZDAM CASE			
		=	-		_		~						
Governance	MANAGEMENT, AND LIFE RECOVERY PROGRAM INCLUDING EDUCATION, VOCATIONAL TRAINING AN AND DENTAL CLINIC. SEE STATEMENT 8 FOR MISSION STATEMENT												
ца		AND DENT	AL CLINIC. SEE S	TATEMENT 6	FOR MISSION	STATEMENT							
Ver		Obselvable b	ox ▶ ☐ If the organization	discontinuod do a	tono or diana	ad of more than 3	EW of d	lo not cocoto					
Ĝ	2				•	ed of more than 2	2376 01 16	is liet assets	1 2	1			
ಂಶ	3		oting members of the govern						3	11			
Activitles	4		ndependent voting members			D)			4	11			
₹	5		r of individuals employed in	•	3 (Part V, line 2a)			· · · · · · · ·	5	90			
5	6		r of volunteers (estimate if n						6	541			
4	7a	Total unrelate	ed business revenue from P	art VIII, column (C), line 12 • • •				7a	0			
	b	Net unrelate	d business taxable income f	rom Form 990-T,	line 34 • • • •				7b	0			
								Prior Year		Current Year			
	8	Contribution	s and grants (Part VIII, line	1h) • • • • •			· · L	4,518	,219	3,892,249			
ē	9	Program ser	vice revenue (Part VIII, line	2g)	<i>.</i>			1,051	,563	1,171,238			
Revenue	10	Investment II	ncome (Part VIII, column (A), lines 3, 4, and 7	7d)				,339				
ě	11	Other revenu	ue (Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 1	Oc, and 11e)				,269				
_	12		e - add lines 8 through 11 (n			12)	🗀	5,939					
	13		similar amounts paid (Part I)		· · · · · · · · · · · · · · · · · · ·				,219				
	14		to or for members (Part IX				🗀		, ,	0			
	15		er compensation, employee			-10)		1,818	961	<u> </u>			
es	16a	•	fundraising fees (Part IX, c	•	• •				,810				
ි Expenses			sing expenses (Part IX, colu			591,107	· ·	1/3	, 010	103,300			
രജ്	17		sing expenses (Fart IX, column (A), lin	• • •			-	2 404	. CE/	2 610 111			
	ŀ	•	, , , , , , , , , , , , , , , , , , , ,		•		· · -	2,406					
≥	18		es Add lines 13-17 (must		anin (A), line 25)		· ·	4,512					
COMMEN	19	Revenue les	s expenses Subtract line 1	o nom line 12				1,426					
			(D. 1.)(F. 4.0)			• * *	В	leginning of Currer		End of Year			
9,14	20		(Part X, line 16)		'E BRANK CER	2013 1117	$\cdot \cdot \vdash$	9,748					
	21		s (Part X, line 26)		·, · · · · · · · · · · · · · · · · · ·		• •		.,72				
			r fund balances Subtract I	ine 21 from line 2	0	** * * * * *, **, ** *	• •	9,376	67:	10,917,248			
Pa			ire Block	~		,							
			lare that I have examined this return claration of preparer (other than office					lowledge and belief	rt is				
<u> </u>	-		/A // /	<u> </u>									
₹			900 1/CM										
Sig	n	Signatu	fe of officel						Dat				
Her	е	STAN	VALIULIS, CHAIRM	IAN OF THE I	BOARD					3/17/15			
		Type or	print name and title										
		Print/Type pr	eparer's name	Preparer's signature		Date		Check] ıf	PTIN			
Pai	d			1		03-03-20	015	self-emplo	yed				
Pre	parei	Firm's name	▶ FILER PR	EPARED	· · · · · · · · · · · · · · · · · · ·			Firm's EIN					
	Only							Phone no					
									00-0	000-0000			
Mav	the IRS	discuss this	return with the preparer sh	own above? (see	instructions)					· · · 🗌 Yes 🔯 No			
			ion Act Notice, see the se					<u></u>	1 0	Form 990-(2 013)			
								/ 4 1	. /	(44.0)			

	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	HOMELESS SHELTER, FEEDING PROGRAM, CASE MANAGEMENT, AND LIFE RECOVERY PROGRAM INCLUDING
	EDUCATION, VOCATIONAL TRAINING AND MEDICAL AND DENTAL CLINIC. SEE STATEMENT 8 FOR MISSION
	STATEMENT
2	Did the organization undertake any significant program services during the year which were not listed on the
	p⊓or Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? · · · · · · · · · · · · · · · · · · ·
	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 \$ 677,560 including grants of \$) (Revenue \$ 1,076,435)
	THRIFT STORE
4b	(Code) (Expenses \$ 3,134,788 including grants of \$) (Revenue \$ 4,253,774)
40	
	SEE STATEMENT, QUESTION 1
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 3,812,348
EEA	Form 990 (2013)

		ĺ	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	100
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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 98-197 If "Yes," complete Schedule C,			٠
	Part III	5		Х
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,"			
-	complete Schedule D, Part III	8		X
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	Χ	
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			
	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	
	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		X
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	44		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
1	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.4		v
	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 Output Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
120	Schedule D, Parts XI and XII	12a	Х	
ı	Market and the second s			
•	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
t				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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]	1
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	ļ
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	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40	 	17
	If "Yes," complete Schedule G, Part III	19	-	X
20	15 mg that 1 CO and data accompanies of the country	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200	L	L

Part IV Checklist of Required Schedules (continued) 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 Scheudle I, Parts I and II 21 Χ 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 22 Χ on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 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 24a Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d 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 Χ 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? Χ 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 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 Χ 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) Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Χ 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a 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 Χ 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 Χ 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. 37 Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38

38

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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? 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 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" to line 3b, provide an explanation in Schedule O 3b 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? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or 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? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h 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? 9a 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 10b b Section 501(c)(12) organizations. Enter а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

	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 or note to any line in the Part VI	· · · ·		<u>. X</u>
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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	į		
	committee, explain in Schedule O			1
b	Enter the number of voting members included in line 1a, above, who are independent	i		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ĺ
	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		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	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			
	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)			1
	The decision by requests information about pointies not required by the internal resistance of the		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	-104		121
D	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	Χ	
_	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
ь 12а	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
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,"	120		
·	describe in Schedule O how this was done	12c	Χ	
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		71	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b	X	
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		- 2 2	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVA	with a taxable entity during the year?	16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		1
ь	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16b		
200	organization's exempt status with respect to such arrangements?	IOD		<u> </u>
17 10	List the states with which a copy of this Form 990 is required to be filed IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only)			
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			
10	_ , , , , , , , , , , , , , , , , , , ,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization			
20				
	JAN DANAHER (815) 965-5332, P O BOX 1958, Rockford, IL 61110-0458			

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01111	330	(2010)	

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

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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

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

(A)	(B)			(C	>)			(D)	(E)	(F)	
Name and Title .	Average hours per week (list any hours for related organizations below dotted line)	box, u	nless	Posr ck mo	tion ore tha on is l	an one an Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
(1) DAVID DAVITT											
BOARD DIRECTOR		Х							0	0	
(2) TIM FOUNTAIN	_L										
BOARD DIRECTOR		X						0	0	0	
(3) MICHAEL KALODIMOS	_					1					
BOARD DIRECTOR		X						0	0	0	
(4) LAURA_ORTIZ	_										
BOARD DIRECTOR		Х						O	0	0_	
(5) DALE LANG	_L										
BOARD DIRECTOR		X							0	0	
(6) RHONDA GRAY		ŀ									
BOARD DIRECTOR		X					L	c	0	0	
(7) BRAD VANDER HEYDEN											
BOARD DIRECTOR		X						c	0	0	
(8) STAN VALIULIS											
CHAIRMAN OF THE BOARD				Х				<u> </u>	0	0	
(9) T BRUCE WATSON			!								
VICE CHAIRMAN				X		L		C	0	0	
(10)RICHARD GORMAN											
TREASURER				X				c	0_	0	
(11)ANN DITTMAR	_L	-				-		•			
SECRETARY				X	<u></u>		<u> </u>		0	0	
(12)CHERYL PITNEY	60.00	1									
EXECUTIVE DIRECTOR					X	ļ		75,231	. 0	0	
(13)											
(14)			-								
			<u> </u>					L		F 000 (2042)	

Part VII Section A. Officers, Directors, Trustees	, Key Employ	ees, a	nd F	ligh	est	Comp	ens	ated Employees (continued)		
(A) Name and title	(B) Average hours per week (list any hours for	officer and director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	com	(F) timated tount of other pensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org:	om the anization if related nizations
(15)											
(16)											
<u>(17)</u>							-				
(18)			_								
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b Sub-total	tion A .						>	75 221	0		0
2 Total number of individuals (including but not limite							-	75,231 han \$100,000 of	J	1	0
reportable compensation from the organization	<u> </u>							· · · · · · · · · · · · · · · · · · ·	0		Yes No
3 Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule			loye	e, or 	high	nest co	mpe	ensated		3	Х
4 For any individual listed on line 1a, is the sum of re organization and related organizations greater than	portable comp	ensatio				-					
 Individual Did any person listed on line 1a receive or accrue 			-			_	 zatio	n or individual		4	X
for services rendered to the organization? If "Yes," Section B. Independent Contractors	complete Scho	edule J	for:	such	n pe	rson				5	X
Complete this table for your five highest compensation from the organization. Report compyear	-										
(A) Name and business addre	ss						-	(B) Description of	1		C) ensation
		•								· · · · · ·	
										_	
2 Total number of independent contractors (including	a but not limite	d to th		icte d	l ob	mo)	••••••••••••••••••••••••••••••••••••••				
2 Total number of independent contractors (including received more than \$100,000 of compensation from the contractors).			se ⊪		1 dD(ove) Wī	IU				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (A) (B) Revenue excluded from tax Related or Unrelated Total revenue exempt function revenue business under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a 1b Fundraising events 1c C 1d Related organizations Government grants (contributions) . . 1e 13,280 All other contributions, gifts, grants, and similar amounts not included above 1f 3,878,969 Noncash contributions included in lines 1a-1f: \$ 924,658 🕨 3,892,249 **Business Code** Program Service Revenue 2a RESALE SHOPS 452000 986,385 986,385 b RECYCLE OF BULK GOODS 900099 90,050 90,050 722210 94,803 94,803 C CAFE f All other program service revenue q Total. Add lines 2a-2f 1,171,238 Investment income (including dividends, interest, 6,849 6,849 Income from investment of tax-exempt bond proceeds (ii) Personal (i) Real 6a Gross rents b Less rental expenses · · · · c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less, cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) · · · · Other Revenue 8a Gross income from fundraising events (not including of contributions reported on line 1c). See Part IV, line 18 264,653 56,663 c Net income or (loss) from fundraising events 207,990 207,990 9a Gross income from gaming activities. See Part IV, line 19 · · · · · · · · a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less. cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 19,778 19,778 11a SOFT DRINKS 900099 900099 31,685 31,685 **b MISC RECEIPTS** e Total. Add lines 11a-11d 51,463

5,329,789

1,229,550

207,990

0

12 Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) (C) Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 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 22 117,702 117,702 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 75,231 18,808 18,808 37,615 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 96,177 1,370,495 1,202,803 71,515 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 12,226 6,080 6,146 166,340 119,189 31,299 15,852 10 96,242 80,315 6,815 9,112 11 Fees for services (non-employees) 64,295 21,211 5,402 37,682 h 3,550 3,550 9,107 9,107 Lobbying d Professional fundraising services See Part IV, line 17 163,586 163,586 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 28,936 28,936 13 13,652 5,844 4,209 3,599 14 Information technology 3,811 3,811 15 16 175,751 168,691 5,093 1,967 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 3,982 3,982 21 22 Depreciation, depletion, and amortization 241,058 230,776 10,282 23 Insurance 87,945 75,261 7,543 5,141 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) STATEMENT 3 1,312,064 1,106,517 14,107 191,440 b STATEMENT 4 674,960 674,960 c All other expenses Total functional expenses. Add lines 1 through 24e 25 4,620,933 3,812,348 217,478 591,107 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 ▶ 🔲 ıf following SOP 98-2 (ASC 958-720)

Form 990 (2013)
Part X B Balance Sheet

		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	1,439,765	1	1,796,537
2	Savings and temporary cash investments	1,395,818	2	2,162,027
3	Pledges and grants receivable, net	<u> </u>	3	
4	Accounts receivable, net	488,729	4	768,80
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.		l i	
	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section	. 11		
"	· · · ·			
	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		6	
_	organizations (see instructions) Complete Part II of Schedule L		7	
7	,	251 010	8	440.01
8	}	351,218		448,81
9	, repair or particular and account account and account account and account and account account account and account acc	77,427	9	102,14
10a	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 10a 8,875,963		40-	
, b	Less: accumulated depreciation	5,982,462	10c	5,834,67
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	12,973	15	5,25
16	Total assets. Add lines 1 through 15 (must equal line 34)	9,748,392	16	11,118,25
17	Accounts payable and accrued expenses	153,954	17	201,00
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	·
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
	disqualified persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	217,767	23	
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	371,721	26	201,00
- -	Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright 🔯 and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	8,620,332	27	9,331,04
28	Temporarily restricted net assets	756,339	28	1,586,20
29	Permanently restricted net assets	130,333	29	1,500,20
23	Organizations that do not follow SFAS 117 (ASC 958), check here		++	
	complete lines 30 through 34.			
20	Capital stock or trust principal, or current funds		30	
30	·		31	
27 28 29 30 31 32	take in or outside carpines, or large, sensen, 5, or order productions		32	
32	recurred carrings, order more, accounts and more or said.	0.000.000	+	10 000 00
33	Total net assets or fund balances	9,376,671	33	10,917,24
34	Total liabilities and net assets/fund balances	9,748,392	34	11,118,25 Form 990 (20

		36-613	32381		Pa	age 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>				· 🛛
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		5,3	29,7	189
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		4,6	20,9	33
3	Revenue less expenses Subtract line 2 from line 1	. 3		7	08,8	356
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	- 4		9,3	76,6	571
5	Net unrealized gains (losses) on investments	. 5				
6	Donated services and use of facilities	. 6		1	32,2	21_
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9		6	99,5	00
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	LO,9	17,2	248
Pa	rt 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		ļ			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O			Ì		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		ſ			
	reviewed on a separate basis, consolidated basis, or both:			ļ		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		İ			
b	Were the organization's financial statements audited by an independent accountant?		\cdots	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		Γ			
	separate basis, consolidated basis, or both			}		1
	Separate basis Donsolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			}		1
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		[2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					ļ
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		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u> .	<u> </u>	3b		
EEA		-		Form	990 (2	2013)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2013

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

Name	of the	organization							Employer	dentification	number		
ROC	KFO	RD RESCUE MISS								132381			
Pa	rt I	Reason for P	ublic Charity	Status (All organiz	zations m	ust com	plete this	s part.) S	See inst	ructions.			
The	orgar	nization is not a private	foundation because	e it is: (For lines 1 throu	gh 11, chec	k only one	box.)						
1		A church, convention	of churches, or as	sociation of churches de	scribed in s	ection 170)(b)(1)(A)(i).					
2		A school described in	section 170(b)(1)	(A)(ii). (Attach Schedul	eE)								
3		A hospital or a coope	rative hospital servi	ce organization describe	ed in section	1 170(b)(1)	(A)(iii).						
4		A medical research o	rganization operate	d in conjunction with a h	ospital desc	ribed in se	ction 170(b)(1)(A)(ii	ii). Enter th	ne			
		hospital's name, city,	and state [.]										
5		An organization opera	ated for the benefit	of a college or university	owned or o	perated by	a governm	ental unit	described	ın			
		section 170(b)(1)(A)	(iv). (Complete Pa	rt II)									
6		A federal, state, or loc	cal government or g	overnmental unit descri	bed in secti	on 170(b)(1)(A)(v).						
7													
	hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
8	П			•	olete Part II)							
9	П	-					ibutions, m	embershii	o fees, and	l aross			
		<u>-</u>	- '	•				•		•			
		•		•		•	` '						
	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
11	П	•	•	•	-			•	out the				
			•	· ·	•		-	•		tion			
		•		_			•	` ' '	•				
		a Type I	_	· · · · ·	-	•		ď∏		-Non-funtio	nally inte	earated	
е		<i></i> .		ganization is not control				_			,		
	_	•	=	er than one or more pub	-	•	•	•	•				
		or section 509(a)(2)	J	•	,					(-/(-/			
f			eived a written det	ermination from the IRS	that it is a T	vpe I. Tvpe	II. or Type	III suppor	tına				
·		organization, check ti		• • • • • • • • • • •									П
g				ation accepted any gift o	r contributio	n from anv	of the						· - Ш
9		following persons?	,	g c			00						
			rectly or indirectly o	controls, either alone or	together with	n persons o	described (n (ii) and				Yes	No
		••	-	e supported organization	•						1100	1	110
			r of a person desci	., -	 						11g(ı)		_
		• •	•	described in (i) or (ii) al	hove?						11g(III)		
h		•	- ,	he supported organization							rigin	<u>' </u>	L
		ame of supported	(ii) EIN	(III) Type of organization	(IV) Is the or	nanization	(v) Did yo	u potrfy	(m)	s the			
	(1)	organization	(11) 2.11	(described on lines 1-9	in col (i) list	-	the organi	-	organizat		(vii) Amo	unt of mo support	onetary
				above or IRC section	governing d	ocument?	col (ı) o		(I) organiz	ted in the S?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
(A)					163	140	163	. 110	1.52	140			
177)			ł .				l						
(B)													
(0)													
\ <i>,</i>												<u></u>	_
(C)												-	
(C)													
												-	
(C) (D)													
(C)												-	
(C) (D)													

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,773,644	2,629,555	2,403,173	3,057,744	2,954,311	13,818,427
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · · ·	2,773,644	2,629,555	2,403,173	3,057,744	2,954,311	13,818,427
5 .	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						13,818,427
Sec	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·	2217			
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4 · · · · · · · · ·	2,773,644	2,629,555	2,403,173	3,057,744	2,954,311	13,818,427
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,826	13,749	9,746	6,993	6,849	63,163
9	Net income from unrelated business activities, whether or not the business is regularly carned on	20,020	237, 23	37.13	0,333	07013	03,103
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	16,995	17,261	22,042	204,721	51,463	312,482
11	Total support. Add lines 7 through 10 .						14,194,072
12	Gross receipts from related activities, etc. (s	ee instructions)				12	781,402
13	First five years. If the Form 990 is for the o organization, check this box and stop here						▶□
	tion C. Computation of Public S						
14	Public support percentage for 2013 (line 6, c			•			97.35 %
15	Public support percentage from 2012 Sched				'	•	97.46 %
16a	33 1/3% support test - 2013. If the organiza		•				► 1€71
	box and stop here. The organization qualified		•				▶ 🏻
b	33 1/3% support test - 2012. If the organization has been been also as a second state of the organization			-			⊾ □
47-	check this box and stop here. The organiza	•		-	46h and line 44 :-		▶ ⊔
17a		•			•		
	10% or more, and if the organization meets t				•		
	Part IV how the organization meets the "fact organization						▶ □
b	10%-facts-and-circumstances test - 2012	=					
	15 is 10% or more, and if the organization m			•	•		
	Explain in Part IV how the organization meet				•		
10	supported organization · · · · · · · · · · · · · · · · · · ·	not check a boy on I					▶ ⊔
18	instructions						🕨 🗖
	moduciono				· · · · · · · · · · ·		···· - L_

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Part III

990 or 990-EZ) 2013 ROCKFORD RESCUE MISSION MINISTRIES

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
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)						
Se	ction B. Total Support						•
Cal	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6 · · · · · · · ·						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b · · · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on · · ·						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·						
14	First five years. If the Form 990 is for the orgonganization, check this box and stop here			n, or fifth tax year a	s a section 501(c)(3) 	▶ 📋
	ction C. Computation of Public Su						
15	Public support percentage for 2013 (line 8, co					\ <u></u>	9
16	Public support percentage from 2012 Scheduction D. Computation of Investme					. 16	9
				lump (ft)		. 17	
17	Investment income percentage for 2013 (line investment income percentage from 2012 Sch		=			. 18	9
18	•						
	33 1/3% support tests - 2013. If the organization is not more than 33 1/3%, check this box at 23 1/3% support tests - 2013. If the organization is a 2013 of the 2	nd stop here. Ti	he organization qua	lifies as a publicly	supported organizat	tion	▶ 🗀
	33 1/3% support tests - 2012. If the organization 18 is not more than 33 1/3%, check this beautiful to the support tests - 2012.	ox and stop her	e. The organization	qualifies as a publ	icly supported orga	nızatıon	▶ 🖺
20	Private foundation, If the organization did no	ot check a box on	line 14, 19a, or 19b	o, check this box a	nd see instructions		▶ []

SCHEDULE D (Form 990)

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.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number 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) - - - -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? Part II 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 П 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 2 easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements 2b 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 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 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: ······· **▶**\$ Revenues included in Form 990, Part VIII, line 1

Part VI

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
C	Leasehold improvements				
d	Equipment				
е	Other · · · · · · · · · · · · · · · STMD1E · ·	8,875,963		3,041,286	5,834,677
Tota	I. Add lines 1a through 1e. (Column (d) must equal Form	n 990, Part X, column (B)	. line 10(c).)	>	5.834.677

36-6132381

	(a) Description of security or category	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial o	(including name of security)		Cost of end-of-year market value
• •	ld equity interests		
(3) Other	a equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total (Column (b) must equal Form 990, Part X, col. (B) line 12.)	>	
Part VIII	Investments - Program Rela Complete if the organization a		V, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(0)			
(8)			
(9)	o) must equal Form 990 Part X coi (B) line 13)	>	
(9)	O) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization a	answered "Yes" to Form 990, Part	V, line 11d. See Form 990, Part X, line 15.
(9) Total (Column (to Part IX	Other Assets. Complete if the organization a	<u> </u>	(b) Book value
(9) Total (Column (t Part IX (1) GIFT	Other Assets. Complete if the organization a	answered "Yes" to Form 990, Part	
(9) Total (Column (t) Part IX (1) GIFT (2)	Other Assets. Complete if the organization a	answered "Yes" to Form 990, Part	(b) Book value
(9) Total (Column (t) Part IX (1) GIFT (2) (3)	Other Assets. Complete if the organization a	answered "Yes" to Form 990, Part	(b) Book value
(9) Total (Column (t) Part IX (1) GIFT (2) (3) (4)	Other Assets. Complete if the organization a	answered "Yes" to Form 990, Part	(b) Book value
(9) Total (Column (t) Part IX (1) GIFT (2) (3)	Other Assets. Complete if the organization a	answered "Yes" to Form 990, Part	(b) Book value
(9) Total (Column (to Part IX) (1) GIFT (2) (3) (4) (5)	Other Assets. Complete if the organization a	answered "Yes" to Form 990, Part	(b) Book value
(9) Total (Column (to Part IX) (1) GIFT (2) (3) (4) (5) (6)	Other Assets. Complete if the organization a	answered "Yes" to Form 990, Part	(b) Book value
(9) Total (Column (to Part IX) (1) GIFT (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization a	answered "Yes" to Form 990, Part	(b) Book value
(9) Total (Column (t) Part IX (1) GIFT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t)	Other Assets. Complete if the organization a CARDS on (b) must equal Form 990, Part X, col (E	answered "Yes" to Form 990, Part (a) Description	(b) Book value
(9) Total (Column (t) Part IX (1) GIFT (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization a CARDS On (b) must equal Form 990, Part X, col (B Other Liabilities. Complete if the organization a	(a) Description (b) line 15)	(b) Book value 5 , 25
(9) Total (Column (t) Part IX (1) GIFT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t)	Other Assets. Complete if the organization a CARDS CARDS In (b) must equal Form 990, Part X, col (E Other Liabilities.	(a) Description (b) line 15)	(b) Book value 5,25
(9) Total (Column (to Part IX) (1) GIFT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (to Part X)	Other Assets. Complete if the organization a CARDS On (b) must equal Form 990, Part X, col (B Other Liabilities. Complete if the organization a line 25.	answered "Yes" to Form 990, Part (a) Description (a) Description (b) line 15)	(b) Book value 5,25
(9) Total (Column (t) Part IX (1) GIFT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t) Part X 1. (1) Federal	Other Assets. Complete if the organization a CARDS On (b) must equal Form 990, Part X, col (B Other Liabilities. Complete if the organization a line 25. (a) Description of liability	answered "Yes" to Form 990, Part (a) Description (a) Description (b) line 15)	(b) Book value 5,25
(9) Total (Column (to Part IX) (1) GIFT (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (to Part X)	Other Assets. Complete if the organization a CARDS On (b) must equal Form 990, Part X, col (B Other Liabilities. Complete if the organization a line 25. (a) Description of liability	answered "Yes" to Form 990, Part (a) Description (a) Description (b) line 15)	(b) Book value 5,25
(9) Total (Column (t) Part IX (1) GIFT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t) Part X 1. (1) Federal (2)	Other Assets. Complete if the organization a CARDS On (b) must equal Form 990, Part X, col (B Other Liabilities. Complete if the organization a line 25. (a) Description of liability	answered "Yes" to Form 990, Part (a) Description (a) Description (b) line 15)	(b) Book value 5,25
(9) Total (Column (to Part IX) (1) GIFT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (to Part X) 1. (1) Federal (2) (3)	Other Assets. Complete if the organization a CARDS On (b) must equal Form 990, Part X, col (B Other Liabilities. Complete if the organization a line 25. (a) Description of liability	answered "Yes" to Form 990, Part (a) Description (a) Description (b) line 15)	(b) Book value 5,25
(9) Total (Column (to Part IX) (1) GIFT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (to Part X) 1. (1) Federal (2) (3) (4)	Other Assets. Complete if the organization a CARDS On (b) must equal Form 990, Part X, col (B Other Liabilities. Complete if the organization a line 25. (a) Description of liability	answered "Yes" to Form 990, Part (a) Description (a) Description (b) line 15)	(b) Book value 5,25
(9) Total (Column (to Part IX) (1) GIFT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (to Part X) 1. (1) Federal (2) (3) (4) (5)	Other Assets. Complete if the organization a CARDS On (b) must equal Form 990, Part X, col (B Other Liabilities. Complete if the organization a line 25. (a) Description of liability	answered "Yes" to Form 990, Part (a) Description (a) Description (b) line 15)	(b) Book value 5,25
(9) Total (Column (to Part IX) (1) GIFT (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (to Part X) 1. (1) Federal (2) (3) (4) (5) (6)	Other Assets. Complete if the organization a CARDS On (b) must equal Form 990, Part X, col (B Other Liabilities. Complete if the organization a line 25. (a) Description of liability	answered "Yes" to Form 990, Part (a) Description (a) Description (b) line 15)	(b) Book value 5,25

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Total revenue, gains, and other support per audited financial statements
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments
a Net unrealized gains on investments b Donated services and use of facilities c Recoverees of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 56,663 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5,329,789 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and iosses per audited financial statements C Other losses and use of facilities b Pinor year adjustments c Other losses d Other (Describe in Part XIII) 2 Amounts included on Form 990, Part IX, line 25 a Donated services and use of facilities c Other losses d Other (Describe in Part XIII) 2 Amounts included on Form 990, Part IX, line 25 a Donated services and use of facilities c Other losses d Other (Describe in Part XIII) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 5: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 5: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 6: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 6: a Investment expenses and lines 3 and 4c. (This must equal Form 990, Part IV, line 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information 01. Endowment funds intended uses (Part V, line 4)
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) 2
C Recoveries of prior year grants 2c 2d 56,663 2d 56,663 2e 188,884 3 Subtract line 2e from line 1 3 5,329,789 3 Subtract line 2e from line 1 3 5,329,789 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4c 4c 4d 4d 4d 4d 4d 4d
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2 Donated services and use of facilities
e Add lines 2a through 2d
3
A mounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5,329,789 Part XII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" to Form 990, Part IV, line 2a. 2 a 132,221 b Prior year adjustments 2 b Prior year adjustments 2 c c d Other (Describe in Part XIII) 2 a Other (Describe in Part XIII) 2 a National statements and s
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5,329,789 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements
b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements
c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5,329,789 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2 Donated services and use of facilities 2 C Other losses 3 C Other (Describe in Part XIII) 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIII) 5 C Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 A 4, 620, 933 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 2d and 4b Also complete this part to provide any additional information O1. Endowment funds intended uses (Part V, line 4)
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII
Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2 Prior year adjustments 2 Other losses 3 Other (Describe in Part XIII) 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information Provide the descriptions required for Part III, lines 2d and 4b Also complete this part to provide any additional information O1. Endowment funds intended uses (Part V, line 4)
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b Aiso complete this part to provide any additional information O1. Endowment funds intended uses (Part V, line 4)
b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b also complete this part to provide any additional information O1. Endowment funds intended uses (Part V, line 4)
C Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information O1. Endowment funds intended uses (Part V, line 4)
d Other (Describe in Part XIII)
e Add lines 2a through 2d
e Add lines 2a through 2d
A mounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information O1. Endowment funds intended uses (Part V, line 4)
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Fart XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information O1. Endowment funds intended uses (Part V, line 4)
b Other (Describe in Part XIII)
to Add lines 4a and 4b
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information O1. Endowment funds intended uses (Part V, line 4)
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information O1. Endowment funds intended uses (Part V, line 4)
2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information O1. Endowment funds intended uses (Part V, line 4)
01. Endowment funds intended uses (Part V, line 4)
ENDOWMENT FUNDS ARE DESIGNATED FOR FUTURE NEEDS OF THE MISSION PER BOARD DIRECTION.
ENDOWMENT FUNDS ARE DESIGNATED FOR FUTURE NEEDS OF THE MISSION PER BOARD DIRECTION.

Schedule D (Form 990) 2013

EEA

Schedule D (Form 990) 2013 ROCKFORD RESCUE MISSION MINISTRIES Part XIII Supplemental Information (continued)	36-6132381	Page 5
		
02. Other revenues not included on Form 990 (Part XI,]	line 2d)	
COST OF FUNDRAISING SPECIAL EVENTS \$56,663 NETTED AGAINST REVENUE FOR FOR	M 990 PURPOSES,	
BUT NOT FOR GAAP FINANCIALS.		
03. Other expenses not included on Form 990 (Part XII,	line 2d)	-
COST OF FUNDRAISING EVENTS \$56,663 NETTED WITH REVENUE ON FORM 990 BUT NO	OT ON GAAP	·
FINANCIAL STATEMENTS.		
	····	
	····	
	·	
		<u>. </u>
-		

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.

2013

OMB No 1545-0047

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

ROCKFORD RESCUE MISSION MIN	ISTRIES					36- <u>613</u>	2381
Part I Fundraising Activities Form 990-EZ filers are no	-	-		swered "Yes" to F	Form 990, F	art IV, I	line 17.
1 Indicate whether the organization rais				es Check all that appl	ly		
a 🛛 Mail solicitations	Ū	-	_	of non-government grai	-		
b X Internet and email solicitations				of government grants			
c X Phone solicitations				Iraising events			
d X In-person solicitations		3 -		3			
2a Did the organization have a written or	oral agreement with	h anv individ	lual (includin	a officers, directors, tru	ustees		
or key employees listed in Form 990,	-					X Yes	s 🗌 No
b If "Yes," list the ten highest paid indivi			-	_		er is to be	_
compensated at least \$5,000 by the c		, ,	·	9			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount (or retaine fundraiser lis	d by)	(vi) Amount paid to (or retained by) organization
		Yes	No		col (I)		organization
1 ENEX GROUP	Direct mail	1.03	1.50				
2145 WAKE FOREST COU, 80918			Х	1,261,869	27	72,471	989,398
2	ippears			1,201,003		2,111	303,330
3							
4							
5							
6							
7							
8							
9							
10							····
	1						
3 List all states in which the organization registration or licensing				1,261,869 lons or has been notified		72 , 471 from	989,398
Illinois, Wisconsin, Indian	na, Iowa, Mid	chigan,	Florida				
				·			

ROCKFORD RESCUE MISSION MINISTRIES Schedule G (Form 990 or 990-EZ) 2013 36-6132381 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col (a) through SPECIAL EVEN None col (c)) (event type) (event type) (total number) Revenue Gross receipts · · · 264,653 264,653 Less. Contributions Gross income (line 1 minus 264,653 264,653 Noncash prizes Rent/facility costs Direct Expenses 7 Food and beverages Entertainment Other direct expenses 56,663 56,663 Direct expense summary Add lines 4 through 9 in column (d) 56,663 Net income summary Subtract line 10 from line 3, column (d) 207,990 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes No No Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Enter the state(s) in which the organization operates gaming activities is the organization licensed to operate gaming activities in each of these states? If "No," explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

If "Yes," explain

Inspection Ins	TRIES Grants and Assistance substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance	e I (Form 990) and its instruc	T Attach to Form 990. Thation about Schedule I (Form 990) and its instructions is at www.irs.gov/form	form990.	Total and other straight	Inspection
Name of the organization ROCKFORD RESCUE MISSION MINIST Part General Information on (1) 1 Does the organization maintain records to the selection criteria used to award the granch of the selection criteria used to award the selection crite	RIES Grants and Assistance substantiate the amount of the grants				Tention dentification	
Part I General Information on 1 Does the organization maintain records to the selection criteria used to award the gra 2 Describe in Part IV the organization's processory Part II Grants and Other Assist Part II (a) Name and address of organization or government (1)	Grants and Assistance substantiate the amount of the grants ants or assistance?				36-6132381	number
Na Crib ee th	substantiate the amount of the grants ants or assistance?					
Sal Crip		s or assistance, the grantees	s' eligibility for the grants or a			· 🛱 Yes 🗌 No
Na l	sedures for monitoring the use of grar	it funds in the United States				
1	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organizatio Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Organizations in the lan \$5,000. Part II ca	ie United States. Com n be duplicated if addit	plete if the organiza tional space is need	ation answered "Y ed.	es" to Form 990
(2)	(b) EIN (c) IRC section if applicable	section (d) Amount of cash grant	eash (e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(3)						
(3)						
(4)						
(6)						
(9)						
(7)						
(8)						
(6)						
(10)						
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government organizations listed in	the line 1 table			A	

Page 2

36-6132381

ROCKFORD RESCUE MISSION MINISTRIES

Schedule (Form 990) (2013)

ROCKFORD 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 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 Grants and Other Assistance is needed.

rait III can be duplicated il additional space is mosaca:	שלה ושלה ו				
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1 LIFE RECOVERY PROGRAMS	180		30,724		CASE MANAGEMENT, HOUSING
2 CRISIS SHELTER	1,401		42,157		HOUSING, CASE MANAGEMENT
3 FEEDING PROGRAM	1,231		16,203		MEALS
4 EDUCATION PROGRAM	84		2,081		EDUCATION
- 40					
ဖ					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information	required in Part I,	ine 2, Part III, colum	n (b), and any other ad	Iditional information.

line 2) 01. Monitoring procedures (Part I,

EXPENSES ARE ASSIGNED TO THE SPECIFIC SERVICES TO WHICH THEY RELATE.

Schedule I (Form 990) (2013)

SCHEDULE M (Form 990)

Noncash Contributions

2013

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open to Public Inspection

Employer identification number ROCKFORD RESCUE MISSION MINISTRIES 36-6132381 Part I Types of Property (c) Noncash contribution (a) (b) (d) Check if Number of contributions or Method of determining amounts reported on applicable items contributed Form 990, Part VIII, line 1g noncash contribution amounts Art-Works of art 2 Art-Historical treasures 3 Art-Fractional interests 4 Books and publications . . . 5 Clothing and household 105,120 THRIFT SHOP VALUE 6 Cars and other vehicles 7 Boats and planes 8 intellectual property 9 Securities-Publicly traded 10 Securities-Closely held stock . . Secunties-Partnership, LLC, 11 or trust interests Securities-Miscellaneous 12 13 Qualified conservation contribution - Historic structures Qualified conservation 14 contribution - Other 15 Real estate-Residential 16 Real estate-Commercial 17 Real estate-Other 18 Collectibles 19 X 835,755 FOOD PANTRY VALUE 20 Drugs and medical supplies . . . 21 22 Historical artifacts 23 Scientific specimens . . 24 Archeological artifacts 25 Other ►(26 Other ►(27 Other ►(Other ►(28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that 30a 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? 30a Χ If "Yes," describe the arrangement in Part II h 31 Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a h 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

SCHEDULE O (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

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

ROCKFORD RESCUE MISSION MINISTRIES	36-6132381
01. Officer, directors, etc. family relationship (Part	VI, line 2)
SOME OFFICERS AND DIRECTORS MAY ENGAGE IN BUSINESS TRANSACTIONS WITH OTHE	R 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 FOR	M 990 FOR REVIEW
AND APPROVAL BEFORE IT IS FILED.	
03. Conflict of interest policy compliance (Part VI, li	ine 12c)
THE BOARD OF DIRECTORS SIGNS A CONFLICT OF INTEREST POLICY ANNUALLY. THE	BOARD HAS
ESTABLISHED CLEAR GUIDELINES TO FOLLOW SHOULD A CONFLICT OF INTEREST ARIS	E.
04. CEO, executive director, top management comp (Part	VI, line 15a)
THE BOARD OF DIRECTORS REVIEWS COMPARATIVE WAGE INFORMATION TO DETERMINE	THE EXECUTIVE
DIRECTOR'S COMPENSATION YEARLY.	
05. Other officer or key employee compensation (Part V)	I, 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 BOARD	APPROVED
COMPENSATION CHARTS SEMI-ANNUALLY.	
06. Governing documents, etc, available to public (Part	t VI, line 19)
FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPEC	TION UPON
REQUEST.	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2	
Name of the organization	Employer identification number	
ROCKFORD RESCUE MISSION MINISTRIES	36-6132381	
07 Funlanation of other changes in not accord	on fund balances /Part VI	1.4
07. Explanation of other changes in net assets	of fund balances (Fart AI,	11
INCREASE IN TEMPORARILY RESTRICTED NET ASSETS \$697,647; NET	ASSETS RELEASED FROM	
RESTRICTION \$1,853		
· · · · · · · · · · · · · · · · · · ·		

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

FORM 990 2013-14	OTHER EXPEN	SES		STATEMENT 3
	(A)	(B) PROGRAM	(C.) MANAGEMENT	(D)
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	<u>FUNDRAISING</u>
BUILDING MAINT	123,178	118,621	2,649	1,908
FUTURE EXPANSION EXPENSES	94,087	94,087		
EQUIPMENT REPAIRS	11,433	11,429	3	1
DONATED FOOD, CLOTHES				
HOUSEWARES	814,707	814,707		
EDUCATION/AWARENESS	12,645	8,090	2,090	2,465
POSTAGE	82,400	232	705	81,463
TELEPHONE EXPENSE	17,902	14,650	2,209	1,043
SMALL EQUIPMENT	22,285	19,712	216	2,357
MISCELLANEOUS	439	365	58	16
OTHER EMPLOYEE EXP	5,513	0	5,513	0
PROMOTION, PUBLICATIONS	102,774	2,457	0	100,317
R/E TAXES	321	0	321	0
VEHICLE OPERATIONS	23,323	21,110	343	1,870
VOLUNTEER OPERATIONS	<u>1,057</u>	1,057	<u>0</u>	<u>0</u>
TOTAL TO FM 990, PART IX, LN 24a	1,312,064	1,106,517	14,107	191,440

ROCKFORD RESCUE MISSION MINISTRIES 36-6132381

FORM 990 2013-14	THRIFT STO	/NL		STATEMENT 4
	(A)	(B)	(C0)	(D)
		PROGRAM	MANAGEMENT	
<u>DESCRIPTION</u>	<u>TOTAL</u>	<u>SERVICES</u>	AND GENERAL	<u>FUNDRAISING</u>
ADVERTISING	3,880	3,880		
BUILDING MAINTENANCE & SUPPLIES	49,066	49,066		
BUILDING INSURANCE	997	997		
DEPRECIATION	27,373	27,373		
EDUCATION	289	289		
EQUIPMENT REPAIRS	768	768		
HEALTH, LIFE, & VISION INS.	23,126	23,126		
LIABILITY & OTHER INSURANCE	3,036	3,036		
OFFICE SUPPLIES & SERVICES	1,022	1,022		
PAYROLL TAXES	22,990	22,990		
POSTAGE	53	53		
PROFESSIONAL FEES	439	439		
PURCHASED ITEMS FOR RESALE	55,428	55,428		
RETIREMENT	1,170	1,170		
SALARIES & WAGES	346,287	346,287		
SMALL EQUIPMENT PURCHASES	3,983	3,983		
RETAIL SUPPLIES	9,274	9,274		
OTHER SUPPLIES	22,048	22,048		
TELEPHONE	3,475	3,475		
UTILITIES	79,207	79,207		
VEHICLE INSURANCE	1,025	1,025		
VEHICLE OPERATION	7,620	7,620		
MISCELLANEOUS	391	391		
WORKER'S COMPENSATION INS.	12,013	12,013		
TOTAL TO FM 990, PART IX, LN 24	674,960	674,960	0	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, 2014 and 2013



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FINANCIAL S	TATEMENTS	
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SUPPLEMEN	TARY INFORMATION	16
Schedi	ules of Resale Store Expenses	17





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, 2014 and 2013, 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 of 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, 2014 and 2013, 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 January 13, 2015

ROCKFORD RESCUE MISSION MINISTRIES STATEMENTS OF FINANCIAL POSITION September 30, 2014 and 2013

ASSETS

	<u>2014</u>	2013
CURRENT ASSETS		
Cash and cash equivalents	\$ 1,796,537	\$ 1,439,765
Board designated accounts	2,121,431	1,064,105
Accounts receivable	92,445	10,629
Pledges receivable	632,600	458,100
Bequest receivable	43,758	20,000
Inventories	448,812	351,218
Prepaid expenses	102,147	77,427
Total current assets	5,237,730	3,421,244
PROPERTY, PLANT, AND EQUIPMENT, less accumulated depreciation	5,834,677	5,982,462
OTHER ASSETS		
Gift cards	5,250	12,973
Cash restricted per grant agreement	40,596	331,713
Total other assets	45,846	344,686
TOTAL ASSETS	\$ 11,118,253	\$ 9,748,392

LIABILITIES AND NET ASSETS

	<u>2014</u>	<u>2013</u>
CURRENT LIABILITIES		
Accounts payable	\$ 88,416	\$ 37,146
Accrued payroll	88,023	91,875
Other accrued expenses	24,566	24,933
Current maturities of long-term debt		37,170
Total current liabilities	201,005	191,124
LONG-TERM DEBT, less current maturities above		180,597
Total liabilities	201,005	371,721
NET ASSETS		
Unrestricted:	0.404.404	1 00 1 10 5
Board designated	2,121,431	1,064,105
Undesignated	7,209,610	7,556,227
Temporarily restricted	1,586,207	756,339
Total net assets	10,917,248	9,376,671
TOTAL LIABILITIES AND NET ASSETS	\$ 11,118,253	\$ 9,748,392

ROCKFORD RESCUE MISSION MINISTRIES STATEMENTS OF ACTIVITIES Years Ended September 30, 2014 and 2013

		<u>2014</u>		<u>2013</u>
UNRESTRICTED NET ASSETS				
Support and revenue:				
Public support	\$	3,232,244	\$	4,025,063
In-kind contributions		1,056,879		817,073
Sales from resale shops		986,385		828,634
Sales of bulk clothing and recycled materials		90,050		112,412
Café sales		94,803		110,517
Interest income		6,849		6,993
Vending		19,778		15,679
Gain on sale of property, plant, and equipment		_		178,346
Other revenue		31,685		10,696
Other revenue	_	01,000	_	,,,,,
Total support and revenue	_	5,518,673		6,105,413
_				
Expenses:		0.000.044		0.700.000
Program services	_	3,933,241		3,736,832
Supporting services:		000 474		050.040
Management and general		220,171		256,610
Fundraising	_	656,405	_	685,122
Total supporting services		876,576	_	941,732
		4 000 047		4 070 504
Total expenses	_	4,809,817	_	4,678,564
Net appete relegand from reatrictions through use		1,853		412,967
Net assets released from restrictions through use		1,033	_	412,507
INODE LOS IN LINDEOTOROTED MET AGOSTO		710 700		1 920 916
INCREASE IN UNRESTRICTED NET ASSETS	_	710,709	_	1,839,816
TEMPORARILY RESTRICTED NET ASSETS				
Cash restricted per capital campaign pledges		831,721		703,890
Net assets released from restrictions	_	(1,853)	_	(412,967)
INCREASE IN TEMPORARILY RESTRICTED NET ASSETS	_	829,868	_	290,923
INCREASE IN NET ASSETS		1 540 577		2 120 720
INCREASE IN NET ASSETS		1,540,577		2,130,739
NET ASSETS, BEGINNING OF YEAR		9,376,671		7,245,932
HELMOSEIO, DECIMINATO OF TENT				, ,
NET ACCETO END OF VEAD	æ	10 017 249	œ	0 276 674
NET ASSETS, END OF YEAR	<u> </u>	10,917,248	<u> </u>	9,3/0,0/1

ROCKFORD RESCUE MISSION MINISTRIES STATEMENTS OF CASH FLOWS Years Ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 1,540,577	\$ 2,130,739
Adjustments to reconcile change in net assets to		
net cash provided by operating activities:		
Depreciation including resale shops' depreciation of		
\$27,373 and \$30,813, respectively	268,431	•
Gain on disposal of property, plant, and equipment	-	(178,346)
Effects of changes in operating assets and liabilities:		
Accounts, pledges, and bequest receivables	(280,074	, , ,
Inventories	(97,594	
Prepaid expenses	(24,720	
Gift cards	7,723	
Accounts payable	51,270	, , ,
Accrued payroll	(3,852	
Other accrued expenses	(367	(17,344)
Net cash provided by operating activities	1,461,394	1,741,548
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of property, plant, and equipment	(120,646) (1,115,049)
Proceeds from sale of property, plant, and equipment	-	371,375
Funds transferred from temporarily restricted net assets	291,117	119,804
Funds transferred from (to) board designated account, net	(1,057,326)152,386
Net cash used in investing activities	(886,855	(471,484)
CASH FLOWS FROM FINANCING ACTIVITIES		
Principal payments on long-term debt	(217,767	(397,225)
NET INCREASE IN CASH AND CASH EQUIVALENTS	356,772	872,839
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	1,439,765	566,926
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 1,796,537</u>	\$ 1,439,765

ROCKFORD RESCUE MISSION MINISTRIES STATEMENTS OF FUNCTIONAL EXPENSES Years Ended September 30, 2014 and 2013

	Program Services	Management and General	Fund- raising	2014 Total
Benefits administration	\$ -	\$ 3,599	\$ -	\$ 3,599
Building maintenance and supplies	118,621	2,649	1,908	123,178
Building insurance	11,148	303	164	11,615
Building rental	32,476	-	-	32,476
Client assistance, including supplies	117,702	-	-	117,702
Depreciation	230,776	10,282	-	241,058
Direct mail	· <u>-</u>	-	163,586	163,586
Donated food	814,707	_	-	814,707
Donated professional services	118,293	2,693	8,635	129,621
Education	8,090	2,090	2,465	12,645
Employee and board activities	_	5,513	-	5,513
Equipment repairs	11,429	3	1	11,433
Future expansion expenses	94,087	-	-	94,087
Health insurance	116,184	14,471	15,478	146,133
Interest	-	3,982	-	3,982
Liability insurance	22,213	5,325	2,764	30,302
Life insurance	3,005	16,828	374	20,207
Office supplies and services	5,844	4,209	3,599	13,652
Other promotional activities	2,457	-	129,253	131,710
Payroll taxes	80,315	6,815	9,112	96,242
Postage	232	705	81,463	82,400
Professional fees	5,402	34,080	37,682	77,164
Real estate taxes	-	321	-	321
Resale store expenses	677,560	-	-	677,560
Retirement	6,080	6,146	-	12,226
Salaries and wages	1,221,611	90,323	133,792	1,445,726
Small equipment purchases	19,712	216	2,357	22,285
Special events	-	-	56,663	56,663
Telephone	14,650	2,209	1,043	17,902
Utilities	136,215	5,093	1,967	143,275
Vehicle insurance	7,080	119	1,081	8,280
Vehicle operation	21,110	343	1,870	23,323
Volunteer operations	1,057	-	-	1,057
Workers' compensation insurance	34,820	1,796	1,132	37,748
Miscellaneous	365	58	16	439
TOTAL FUNCTIONAL EXPENSES	\$ 3,933,241	\$ 220,171	\$ 656,405	\$ 4,809,817
PERCENTAGE OF TOTAL EXPENSES	<u>81.78</u> %	<u>4.58</u> %	13.64%	100.00%

	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	-	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
TOTAL FUNCTIONAL EXPENSES	\$ 3,736,832	\$ 256,610	\$ 685,122	\$ 4,678,564
PERCENTAGE OF TOTAL EXPENSES	<u>79.87</u> %	<u>5.48</u> %	<u>14.65</u> %	100.00%

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, Illinois 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 requires 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, 2014 and 2013. 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 2014 and 2013 to reserve \$1,029,926 and \$973,017, 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 in a money market account with a balance of \$91,505 and \$91,088 as of September 30, 2014 and 2013, respectively.

In 2014, the board elected to reserve \$1,000,000 for the capital campaign.

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 at a minimum 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. During fiscal year 2014, the project was completed and this operating reserve is no longer required. This account was no longer required once the project was completed. At September 30, 2014 and 2013, the required reserve balance totaled \$40,596 and \$331,713, 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 are capitalized at cost or estimated value at the 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, 2014 and 2013.

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 (IRC) Section 501(c)(3) as other than a private foundation. Accordingly, no income tax has been recorded in the financial statements.

The Mission's Return of Organization Exempt from Income Tax (Form 990) for 2010, 2011, and 2012 are subject to examination by the IRS, generally for three years after they are 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 2010 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 consist of the following:

		<u>2014</u>		<u>2013</u>
Donated food and supplies Vocational training food and supplies Donated clothing and housewares, intended for resale Music and books	\$	91,479 4,592 347,535 5,206	\$	70,432 6,609 268,971 5,206
Total inventories	<u>\$</u>	448,812	<u>\$</u>	351,218

NOTE 3 - PLEDGES RECEIVABLE

The Mission started a capital campaign in order to raise funds to construct a new building. During 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 2013 fiscal year-end. During fiscal year 2014, the Mission received pledges in the amount of \$533,129 and collected \$358,629 of the total pledges prior to the fiscal year-end. The receivable balances at September 30, are due as follows:

		<u>2014</u>		
Within one year Within two to five years	\$ —	270,933 361,667	\$	173,600 284,500
Pledges receivable	<u>\$</u>	632,600	<u>\$</u>	<u>458,100</u>

The Mission feels the pledges receivable are collectible and no allowance for uncollectible accounts is necessary.

NOTE 4 - PROPERTY, PLANT, AND EQUIPMENT

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

	<u>2014</u>	<u>2013</u>
Land Building and improvements Parking lots Kitchen equipment Program furnishing and equipment Vehicles Musical instruments and sound equipment Office equipment Tools and equipment	\$ 571,125 7,243,157 19,328 116,122 292,970 183,686 9,631 89,693 69,330	\$ 571,125 7,165,922 19,328 108,626 288,830 183,686 9,631 89,693 55,415
Computer equipment Store fixtures and equipment Projects in process Total property, plant, and equipment Accumulated depreciation	167,610 87,827 25,484 8,875,963 (3,041,286)	156,615 87,827 19,519 8,756,217 (2,773,755)
Property, plant, and equipment, net	<u>\$ 5,834,677</u>	<u>\$ 5,982,462</u>

NOTE 5 - LINE OF CREDIT

At September 30, 2014 and 2013, the Mission had an unused line of credit for \$1,000,000 with a bank. The interest rate at September 30, 2014 and 2013, was 3.25% and 3.00%, respectively. The agreement will expire on May 22, 2015. 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%, final payment due in June 2017, secured by building with the carrying value of \$936,254 at	<u>2014</u>			<u>2013</u>
September 30, 2014	\$	-	\$	217,767
Less current maturities		_=		37,170
Long-term debt, less current maturities	\$	<u>-</u>	<u>\$</u>	<u> 180,597</u>

In February 2014, the Mission paid off the note with a payment of \$205,552.

NOTE 7 - COMMITMENTS

The Mission leases rental space for the Women's Crisis Center. The Women's Crisis Center lease was renewed in August 2014 and expires in July 2015. Minimum rental commitments are \$27,063 for the year ended September 30, 2014. Rent expense for the years ended September 30, 2014 and 2013, was \$32,476.

NOTE 8 - RETIREMENT PLAN

The Mission has a qualified retirement plan under Section 403(b) of the IRC whereby employees may make voluntary contributions. The plan allows the Mission to make discretionary contributions. The Mission made discretionary contributions of \$13,397 and \$15,725 during the years ended September 30, 2014 and 2013, respectively.

NOTE 9 - SUPPLEMENTARY CASH FLOW INFORMATION

Cash paid for interest was \$3,982 and \$19,226 for the years ended September 30, 2014 and 2013, respectively.

NOTE 10 - RESTRICTED NET ASSETS

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

		<u>2014</u>		<u>2013</u>
Grant agreement Capital campaign Programs	\$	40,596 1,535,611 10,000	\$	40,555 703,890 11,894
Total temporarily restricted net assets	<u>\$</u>	1,586,207	<u>\$</u>	756,339

NOTE 11 - SUBSEQUENT EVENTS

Management evaluated subsequent events through January 13, 2015, the date the financial statements were available to be issued. Events or transactions occurring after September 30, 2014, but prior to January 13, 2015, that provided additional evidence about conditions that existed at September 30, 2014, have been recognized in the financial statements for the year ended September 30, 2014. Events or transactions that provided evidence about conditions that did not exist at September 30, 2014, 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, 2014.

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, 2014 and 2013

	2014		<u>2013</u>
Advertising	\$ 3,880	\$	3,161
Building maintenance and supplies	49,066	,	29,254
Building insurance	997		957
Depreciation	27,373		30,813
Donated professional services	2,600		5,530
Education	289		1,394
Equipment repairs	768		508
Health insurance	22,366		22,172
Liability insurance	3,036		2,881
Life insurance	760		707
Office supplies and services	1,022		970
Payroll taxes	22,990		20,295
Postage	53		72
Professional fees	439		8,227
Purchased items for resale	55,428		51,206
Retirement	1,170		1,170
Salaries and wages	346,287		310,394
Small equipment purchases	3,983		3,036
Retail supplies	9,274		15,317
Other supplies	22,048		19,931
Telephone	3,475		3,789
Utilities	79,207		73,972
Vehicle insurance	1,025		2,315
Vehicle operation	7,620		11,520
Workers' compensation insurance	12,013		10,607
Miscellaneous	 391	_	2,717
	077.565	•	222.27
TOTAL RESALE STORE EXPENSES	\$ 677,560	\$	632,915