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### Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Inspection Internal Revenue Service Information about Form 990 and its instructions is at www.lrs.gov/form990. For the 2014 calendar year, or tax year beginning JUL 1. 2014 and ending JUN 30, Check if C Name of organization D Employer identification number X Address change ROCKFORD ROTARY CHARITABLE ASSOCIATION Name change 36-6077650 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1480 S. ALPINE ROAD 815-226-3720 City or town, state or province, country, and ZIP or foreign postal code 193,413. G Gross receipts \$ ROCKFORD. IL 61108 H(a) Is this a group return Applica-tion Yes X No F Name and address of principal officer: TERRY D. for subordinates? pending 120 W. STATE STREET, ROCKFORD, 61105 Yes H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► ROCKFORDROTARY.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Association Other > Year of formation: 1922 M State of legal domicile: IL Trust Part I | Summary Briefly describe the organization's mission or most significant activities. TO PROVIDE LEADERSHIP SUPPORT Governance FOR AT RISK YOUTH WITHIN THE COMMUNITY. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 0 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 135 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0. 7b **Prior Year Current Year** 6,308 58,268. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 39,088. 41,434. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 5,406. 3,752. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 50,802. 103,454. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27,293. 30,790. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 6,312 16.103. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 33,605 46,893. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17,197 56,561. Revenue less expenses. Subtract line 18 from line 12 58 **Beginning of Current Year** End of Year Ssets 1,004,777. ,061,338. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 004 338. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature Sign Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature P00096569 Paid DAN G. LOESCHER self-employed Firm's name LOESCHER & ASSOCIATES, 36-4038006 Preparer Firm's EIN Firm's address 6845 WEAVER ROAD, SUITE 200 Use Only

X Yes Form 990 (2014)

Phone no. 815 - 637 - 9584

ROCKFORD, IL 61114

May the IRS discuss this return with the preparer shown above? (see instructions)

	990 (2014) ROCKFORD ROTARY CHARITABLE ASSOCIATION 36-6077650 Page 2
Par	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:
	TO PROVIDE LEADERSHIP SUPPORT FOR AT RISK YOUTH IN AN EFFORT TO
	IMPROVE THE PERFORMANCE AND OUTCOME OF THE STUDENTS IN THE ROCKFORD
	PUBLIC SCHOOL DISTRICT FOR THE BENEFIT OF THE GENERAL PUBLIC.
_	Did the expensation undertake any applicant program convece during the year which were not listed on
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code ) (Expenses \$ 33,879 • including grants of \$ 18,499 • ) (Revenue \$)
	ROTARY ACADEMY PROGRAM - THE ROTARY ACADEMY PROGRAM IS ROCKFORD ROTARY
	CHARITABLE ASSOCIATION'S SIGNATURE PROJECT. THE ROTARY ACADEMY IS A
	LEADERSHIP PROGRAM FOR AT RISK YOUTH IN THE ROCKFORD PUBLIC SCHOOL
	DISTRICT #205. IT INVOLVES MIDDLE SCHOOL STUDENTS RECEIVING VARIOUS
	LEADERSHIP AND TEAMWORK TRAINING, SUCH AS PARTICIPATION IN A HIGH ROPES
	COURSE OFFERED BY THE LOCAL YMCA, CRITICAL THINKING TRAINING, ETIQUETTE
	TRAINING AND RELATED EDUCATIONAL ACTIVITIES USUALLY INVOLVING A GROUP
	SERVICE PROJECT BY THOSE PARTICIPATING AT EACH OF THE DISTRICT'S MIDDLE
	SCHOOLS. THIS REPRESENTS A VERY SUBSTANTIAL ONGOING ACTIVITY FOR THE
	BENEFIT OF THE GENERAL PUBLIC IN EFFORTS TO IMPROVE THE PERFORMANCE AND
	OUTCOME OF THE STUDENTS IN THE ROCKFORD PUBLIC SCHOOL DISTRICT.
4b	(Code) (Expenses \$6 , 211 • including grants of \$6 , 211 • ) (Revenue \$)
	CENTRAL STATES ROTARY YOUTH EXCHANGE PROGRAM - THE ROCKFORD ROTARY
	CHARITABLE ASSOCIATION SUPPORTS THE CENTRAL STATES ROTARY YOUTH
	EXCHANGE PROGRAM (CSRYE). THE CSRYE IS A MULTI-DISTRICT PROGRAM FOR
	INBOUND FOREIGN EXCHANGE STUDENTS THAT INCLUDES THE SEVENTEEN DISTRICTS
	IN THE GREAT LAKES AREA. THE CSRYE GOAL IS TO PROMOTE THE ADVANCEMENT
	OF INTERNATIONAL UNDERSTANDING, GOODWILL AND PEACE AT THE PERSON TO
	PERSON LEVEL AND IS FOR HIGH SCHOOL AGED SUTDENTS, AGED 16-18,
	INTERESTED IN LIVING AND STUDYING ABROAD FOR ONE YEAR.
4c	(Code ) (Expenses \$ 4,000 • including grants of \$ 4,000 • ) (Revenue \$ )
40	(Code) (Expenses \$4, UUU. including grants of \$4, UUU.) (Revenue \$)  COLLEGE SCHOLARSHIPS - BASED ON A GENEROUS GIFT FROM THE BROTHER OF A
	DECEASED MEMBER, THE ROCKFORD ROTARY CHARITABLE ASSOCIATION ESTABLISHED
	A SCHOLARSHIP PROGRAM BY WHICH THE PRINCIPALS OF THE 10 AREA HIGH
	SCHOOLS SELECT A TEACHER AND A MALE AND FEMALE SENIOR STUDENT TO BE
	RECOGNIZED FOR THEIR COMMUNITY SERVICE WITH THE STUDENTS INVITED TO
	WRITE AN ESSAY ABOUT THEIR COMMUNITY SERVICE TO BE CONSIDERED FOR A
	SCHOLARSHIP. THE ESSAYS ARE REVIEWED BY A COMMITTEE OF THE ROCKFORD
	ROTARY CHARITABLE ASSOCIATION AND TWO OF THE STUDENTS, ONE MALE, ONE
	FEMALE, ARE SELECTED TO RECEIVE A \$2,000 SCHOLARSHIP EACH FOR THEIR
	FIRST YEAR OF COLLEGE OR OTHER POST-SECONDARY EDUCATION.
	;
	THE ROCKFORD ROTARY CHARITABLE ASSOCIATION GENERALLY FUNDS TWO
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ 2,080 • including grants of \$ 2,080 •) (Revenue \$ )
4e	Total program service expenses > 46,170.
	Form <b>990</b> (2014)

			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		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	İ		
	as applicable.			
а	, , , , , , , , , , , , , , , , , , , ,			
	Part VI	11a		X
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			3.7
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	444		X
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate 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 Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	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? If "Yes,"			77
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	<u> X</u>
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	i		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	j		
	Schedule J	23		X
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	'		
	Schedule K. If "No", go to line 25a	24a		<u> X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del> </del>
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		х
00	Schedule L, Part I	250		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		ŀ
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a_		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ <u>.</u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31_	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		3.5	
	Part V, line 1	34	X	37
35a	· · · · · · · · · · · · · · · · · · ·	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	251		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		v
	If "Yes," complete Schedule R, Part V, line 2	36	1	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_	<del>                                     </del>	1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
	Note. All Form 990 filers are required to complete Schedule O			(2014)
		. 0.11		(= J · · · )

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	_3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	_X_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			,
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			1
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b_	X	ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	Ì		
	ın Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	_13_		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Ì	
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b_	ļ	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	}		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		İ	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	TOM SCOVILLE - 815-226-3720			
	1480 S. ALPINE ROAD, ROCKFORD, II. 61108			

	(2014)	

### ROCKFORD ROTARY CHARITABLE ASSOCIATION

36-6077650

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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.

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

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

(A) Name and Title	(B) Average			(C Pos	ition	) 		(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	heck ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated cury.		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) RHONDA SUNDEN	0.50									
DIRECTOR		X						0.	0.	0.
(2) TOM MICHALOWSKI	0.50									
PAST-PRESIDENT	ļ <u>.</u>	X	ļ		<u> </u>	ļ	ļ	0.	0.	0.
(3) DAVE BYRNES DIRECTOR	0.50	x						0.	0.	0.
	0.50	Α	-	_		$\vdash$		0.		0.
(4) JODY STRIKER DIRECTOR	0.50	х				ļ		0.	0.	0.
(5) ROBERT HEAD	0.50									
DIRECTOR		X			ļ		ŀ	0.	0.	0.
(6) PAUL HILL	0.50	·								
DIRECTOR		X	_			ļ	<u> </u>	0.	0.	0.
(7) JEFF FAHRENWALD	0.50	ļ								
DIRECTOR		Х				<u> </u>	<u> </u>	0.	0.	0.
(8) WARREN HEINKE	0.50								_	
DIRECTOR	0.50	X	<u> </u>		<u> </u>	-		0.	0.	0.
(9) KAY KING	0.50	,,								
DIRECTOR	0.50	X	-					0.	0.	0.
(10) LINDA JOHNSON	0.50			x				0.	0.	0.
PRESIDENT NOMINEE	0.50	-	<u> </u>	^	-	_	_	0.	<u></u>	<u> </u>
(11) CAROLYN M. ALLISON SECRETARY	0.50			x				0.	0.	0.
(12) TOM SCOVILLE	0.50				-					
TREASURER		1		X				0.	0.	0.
(13) JAMES M. COFFEY	0.50									
ASSISTANT SECRETARY				X				0.	0.	0.
(14) NANCY KALCHBRENNER	0.50									
PRESIDENT				X				0.	0.	0.
(15) TERRY D. ANDERSON	0.50								1	
CHAIRMAN SPECIAL PROJECTS		<u> </u>		X		_		0.	0.	0.
(16) RUSS JOHANSSON	0.50	ļ								_
PRESIDENT-ELECT		<u> </u>	ļ	X		_		0.	0.	0.
(17) BRENT WARD	0.50	1								_
ASSISTANT TREASURY			<u> </u>	X		<u> </u>	<u> </u>	0.	0.	0.

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2014)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) (B) Unrelated Total revenue Related or exempt function business revenue revenue 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 58,268 similar amounts not included above 11 5,291 Q Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 58,268 Business Code Program Service 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 26,021. 26,021. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 105,372 assets other than inventory b Less: cost or other basis 89,959 and sales expenses 15,413 c Gain or (loss) 15,413. 15,413. d Net gain or (loss) . .. . 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 3,210. 11 a ROTARY ACADEMY DINNER 900099 3,210. **b** ROTARY DISTRICT DINNER 900099 278. 278. 264. 264. c ROTARY ACADEMY LUNCH 900099 d All other revenue 3,752. e Total. Add lines 11a-11d 103,454 41,434. Total revenue. See instructions.

0000	Check if Schedule O contains a respons			mpiete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			gonardinado	опротосс
	and domestic governments. See Part IV, line 21	30,790.	30,790.		
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22			:	
3	Grants and other assistance to foreign			-	· -
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors.				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а					
b					
С					
d	· · · · · · · · · · · · · · · · ·				
е	. <b> </b>				
f	Investment management fees				
g					
·	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				•
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	ACADEMY DINNER	14,380.	14,380.		
b	ACADEMY LUNCHES	1,000.	1,000.		
С	APPLICATION FEE	400.		400.	
d		248.		248.	
е	All other expenses	75.		75.	
25	Total functional expenses. Add lines 1 through 24e	46,893.	46,170.	723.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here I if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 125,821 86,178 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 7 Notes and loans receivable, net Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a 10b b Less: accumulated depreciation 10c 918,099 935,517. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 500. 15 Other assets. See Part IV, line 11 15 004,777. 1,061,338 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 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 Secured mortgages and notes payable to unrelated third parties 23 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 0 0. Total liabilities. Add lines 17 through 25 26 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets Temporarily restricted net assets 28 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 1,004,777. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 0. 32 32 1,004,777 33 1,061,338. Total net assets or fund balances 1,004,777

Total liabilities and net assets/fund balances

	990 (2014) ROCKFORD ROTARY CHARITABLE ASSOCIATION	<u>36-607</u>	<u> 7650 </u>	Page 12
Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	. ,		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	103	<u>,454.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	46	,893.
3	Revenue less expenses. Subtract line 2 from line 1	_3		<u>,561.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,004	<u>,777.</u>
5	Net unrealized gains (losses) on investments	5	_	
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	l		
	column (B))	10	<u>1,061</u>	<u>,338.</u>
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	i	
				res No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		
2a			2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	1	
	review, or compilation of its financial statements and selection of an independent accountant?		_2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt		
	Act and OMB Circular A-133?	•	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	<b>990</b> (2014)

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

ROCKFORD ROTARY CHARITABLE ASSOCIATION

**Employer identification number** 36-6077650

Pa	rt I	Reason for Public (	Charity Status (A	All organizations must co	mplete thi	s part.) Se	e instructions				
he d	organı	zation is not a private found	ation because it is: (F	For lines 1 through 11, c	heck only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
7		city, and state:	anon operator in our	.,			(-)( -)( -)(-)	•			
_		An organization operated for	or the benefit of a col	logo or university owner	d or operat	ed by a go	vernmental unit describ	ed in			
5				lege of university owner	or operat	ca by a go	Voltanoritar ariic dodono	Juli 111			
_		section 170(b)(1)(A)(iv). (C			4: 47	O(L)(4)(A)(					
6	Η	A federal, state, or local gov	•					nublic described in			
7		An organization that norma		ntial part of its support i	rom a gove	əmmentai	unit of from the general	public described in			
		section 170(b)(1)(A)(vi). (C									
8	H	A community trust describe									
9	Ш	An organization that norma									
		activities related to its exen									
		income and unrelated busin		(less section 511 tax) from	om busine:	sses acqui	red by the organization	aπer June 30, 1975.			
	_	See section 509(a)(2). (Cor	•								
10		An organization organized a									
11	LX.	An organization organized a									
		more publicly supported or						neck the box in			
		lines 11a through 11d that									
а	LX	Type I. A supporting orga									
		the supported organization			a majority o	or the aired	ctors or trustees of the s	upporting			
	_	organization. You must o	•								
b	L	Type II. A supporting org									
		control or management o			ame perso	ons that co	ntroi or manage the sup	ропеа			
	_	organization(s). You mus	-			,	16 1 11 11 11 11				
С	L	Type III functionally inte						ea with,			
	_	its supported organizatio									
d		Type III non-functionally									
		that is not functionally int						veness			
		requirement (see instruct									
е	<u> </u>	Check this box if the orga					Type I, Type II, Type III				
		functionally integrated, or	• •	nally integrated support	ing organiz	zation.					
f		er the number of supported of	-				•				
g		ride the following information  Name of supported	n about the supporte	(iii) Type of organization	(iv) is the o	rganization	(v) Amount of monetary	(vi) Amount of			
	,	organization	(ii) Liiv	(described on lines 1-9	listed i	n your	support (see	other support (see			
		- g		above or IRC section	governing		Instructions)	Instructions)			
				(see instructions))	Yes	No_					
					1						
			ļ	-	+						
		<u></u>	-								
rasa											

Page 2 Schedule A (Form 990 or 990-EZ) 2014 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) Section A. Public Support (d) 2013 (e) 2014 (f) Total Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 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 Section B. Total Support (c) 2012 (e) 2014 (f) Total (a) 2010 (b) 2011 (d) 2013 Calendar year (or fiscal year beginning in) 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2013 Schedule A, Part II, line 14 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<u>►</u>	
	Sobodulo A (Form 900 or 900-F7	N 2	201.

# Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-				İ	1	
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-	<del></del>					
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities		<del> </del>		<del>                                     </del>		
furnished by a governmental unit to				•		
*						
the organization without charge				<u> </u>	<del>                                     </del>	
6 Total. Add lines 1 through 5					<del>                                     </del>	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		<u> </u>	<del></del>			
b Amounts included on lines 2 and 3 received from other than disqualified persons that						1
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b				<u> </u>		
8 Public support (Subtract line 7c from line 6)		J.,		1	<u> </u>	<u> </u>
Section B. Total Support		···		<del></del>		1
Calendar year (or fiscal year beginning in) 🖊	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b				<u> </u>		
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					İ	ļ
assets (Explain in Part VI.)						
<ul><li>13 Total support. (Add lines 9, 10c, 11, and 12) 1</li><li>14 First five years. If the Form 990 is for</li></ul>	the organization	's first second thu	d fourth or fifth t	ay year as a sect	on 501(c)(3) organiz	zation
· ·	tile Organization	s mst, second, um	u, louitil, or little	ax your as a scor	on our (o)(o) organiz	<b>▶</b>
check this box and stop here Section C. Computation of Publi	c Support Pe	ercentage			<del></del>	
15 Public support percentage for 2014 (li			column (f))	<del>.</del>	15	
			Solariir (1))		16	
16 Public support percentage from 2013 Section D. Computation of Inves					101	
17 Investment income percentage for 20			ne 13 column (f))		17	· · · · · · · · · · · · · · · · · · ·
			10, 00,00,00,00,00,00,00,00,00,00,00,00,0	•	18	
18 Investment income percentage from 2 19a 33 1/3% support tests - 2014. If the			on line 14, and lin	a 15 is more than		
more than 33 1/3%, check this box ar						L
b 33 1/3% support tests - 2013. If the						
line 18 is not more than 33 1/3%, che						<b>₹</b> ⊨
20 Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	inis dox and see ii	nstructions	▶∟

# Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A. D. and E If you checked 11d of Part I, complete Sections A and D. and complete Part V.)

	and B. If you discolour in B. of the art is, complete Cooling in Anna C. If you discolour in art is, complete			
<u></u>	Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V.)	<del></del>		
Sec	tion A. All Supporting Organizations	<del></del>	Yes	No
4	Are all of the organization's supported organizations listed by name in the organization's governing		162	140
1	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by	j		
	class or purpose, describe the designation If historic and continuing relationship, explain.	1	$ \mathbf{x} $	
2	Did the organization have any supported organization that does not have an IRS determination of status	<del>'</del>		
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		X
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Sa	(b) and (c) below.	3a	х	
<b>h</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
Ь	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b	х	
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	0.5		
C	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	х	
4-	Was any supported organization not organized in the United States ("foreign supported organization")? If	- 50		
4d	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		Х
_	many that the second se			
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		1	
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination			
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
		4c	1	
E.	purposes.  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
Ja	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		1	
	was accomplished (such as by amendment to the organizing document).	5a		х
h	Type I or Type II only. Was any added or substituted supported organization part of a class already			
b	designated in the organization's organizing document?	5b	İ	
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
U	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			l
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		x
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
•	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		X_
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
•	If "Yes," complete Part I of Schedule L (Form 990).	8		x
02	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
94	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		х
h	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
D	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		x
_	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
U	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	[	Х
100	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
iva	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a		X
<b>h</b>	Did the organization have any excess husiness holdings in the tax year? (Use Schedule C. Form 4720, to			1

determine whether the organization had excess business holdings.)

	dule A (Form 990 or 990-EZ) 2014 ROCKFORD ROTARY CHARITABLE ASSOCIATION 36-60	1/65	U Pa	ge 5
rai	t IV Supporting Organizations (continued)		<u>,                                    </u>	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		v
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  tion B. Type I Supporting Organizations	11c		
Sec	tion b. Type i Supporting Organizations		Yes	No
4	Did the directors tripted or membership of one or more supported erganizations have the power to		163	_140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	x	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	·		
2	Did the organization operate for the benefit of any supported organization other than the supported		İ	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	2		Х
500	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			2.5
<u> </u>	tion of Type it supporting Organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations	·•		
<u> </u>	tion b. Type in outporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		!
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			İ
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	_	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement.	2b	1	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ــــــ	↓
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	<u> </u>

Sche	dule A (Form 990 or 990-EZ) 2014 ROCKFORD ROTARY CHARITA			36-6077650 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970. <b>See ins</b>	tructions. All
	other Type III non-functionally integrated supporting organizations must c	omplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1	<del></del>	
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		r
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally-integra	ted Type III supporting o	rganization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

	dule A (Form 990 or 990-EZ) 2014 ROCKFORD ROTA			6-6077650 Page 7
Pai	. , po in teen i unionomony intogration out	(a)(3) Supporting Orga	anizations (continued)	
	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exe			· · · · · · · · · · · · · · · · · · ·
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u> </u>	
4	Amounts paid to acquire exempt-use assets	<del> </del>		
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions  Total annual distributions. Add lines 1 through 6.			
<u>7</u> 8	Distributions to attentive supported organizations to which the	ne organization is responsive		•
0	(provide details in Part VI) See instructions	le diganization is responsive		
9	Distributable amount for 2014 from Section C, line 6	-		
	Line 8 amount divided by Line 9 amount			
10	Line o amount divided by Line 9 amount	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Sect	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		110 2017	THE PARTY OF THE PARTY
2	Underdistributions, if any, for years prior to 2014			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a	Excess distributions carryover, it arry; to 20 · · ·	· · · · · · · · · · · · · · · · · · ·		
b				
c				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			-
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
<u> </u>				
d	Excess from 2013			
_	Excess from 2014		1	1

Schedule A (Form 990 or 990-EZ) 2014 ROCKFORD ROTARY CHARITABLE ASSOCIATION 36-6077650 Page 8  Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.  Also complete this part for any additional information (See instructions).
PART IV, SECTION A, QUESTION 3B
THE SUPPORTED ORGANIZATION IS THE ROCKFORD ROTARY CLUB, AN AFFILIATE OF
ROTARY INTERNATIONAL, WHICH, LIKE ALL ROTARY CLUBS AFFILIATED WITH
ROTARY INTERNATIONAL, IS CLASSIFIED AS A SECTION 501(C)(4)
ORGANIZATION. THE ROCKFORD ROTARY CLUB RECEIVES ALL OF ITS SUPPORT
FROM MEMBER DUES WHICH SATISFIES THE TEST UNDER SECTION 509(A)(2)(I).
·
PART IV, SECTION A, QUESTION 3C
ALL REQUESTS FOR FUNDING FROM THE ROCKFORD ROTARY CHARITABLE
ASSOCIATION ARE FIRST REVIEWED BY A COMMITTEE WHICH INCLUDES
INDIVIDUALS KNOWLEDGEABLE CONCERNING TAX-EXEMPT ORGANIZATIONS. THAT
COMMITTEE REVIEWS ANY REQUESTS FOR FUNDING'S TO CONFIRM THAT THE
PURPOSES ARE EITHER CHARITABLE, SCIENTIFIC, LITERARY OR EDUCATIONAL. IT
MAKES A REPORT TO THE FULL BOARD OF DIRECTORS OF THE ROCKFORD ROTARY
CHARITABLE ASSOCIATION WHICH MUST EITHER AUTHORIZE SPECIFIC
DISBURSEMENTS OR AUTHORIZES AN ANNUAL BUDGET FOR DISBURSEMENTS TO
IDENTIFIED ORGANIZATIONS OR FOR IDENTIFIED PURPOSES.
,

▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990)

OMB No 1545-0047

Open to Public Inspection

Name of th	Name of the organization ROCKFOR1	но мактон	BOCKEORD ROTARY CHARTERARIS ASSOCIATION	ROTTATION				Employer identification number 36-6077650
Parti	General Information on Grants and Assistance	nd Assistance						
1 Does	Does the organization maintain records to substantiate the amount of	o substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
	criteria used to award the grants or assistance?	stance?	•	:				X Yes No
郑⊢	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for moni	toring the use of grant	funds in the United	d States.			
Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	Domestic Organi 55.000 Part II can	izations and Domesti be duplicated if addit	<b>c Governments.</b> Cional space is need	omplete if the orgo	anization answered "Y	res" to Form 990, Part	IV, line 21, for any
1 (a) N	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF	YMCA OF ROCK RIVER VALLEY							COMPLETE A WATER WELL FOR
200 Y BLVD	.VD 11. 61107	36-2174838	501(0)(3)	17 333	C			A CHILDREN'S ORPHANGE IN GUATEMALA.
1		-		1				
2 Ente	Enter total number of section 501(c)(3) and govemment organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ind government or s listed in the line	rganizations listed in that the stable of th	ne Ime 1 table				
۔ ا	For Paperwork Reduction Act Notice, see the Instructions for For	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2014)

Page 2 Schedule I (Form 990) (2014) (f) Description of non-cash assistance 36-6077650 (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance ROCKFORD ROTARY CHARITABLE ASSOCIATION (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2014) 432102 10-15-14 Part III

**'.** 

#### **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.

Open to Public

**Employer identification number** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

ROCKFORD ROTARY CHARITABLE ASSOCIATION 36-6077650 FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: SCHOLARSHIPS FOR STUDENTS AT ROCKFORD COLLEGE, ONE IN THE AREA OF CRIMINAL JUSTICE AND THE OTHER IN LIBERAL ARTS. THE STUDENTS ARE SELECTED BY THE FACILITY AND ADMINISTRATION OF ROCKFORD COLLEGE, A PRIVATE FOUR YEAR LIBERAL ARTS COLLEGE WHICH IS A 501(C)(3) ORGANIZATION. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ROCKFORD ROTARY CHARITABLE ASSOCIATION ANNUALLY MAKES GRANTS TO OTHER CHARITABLE ROTARY PROGRAMS. GRANTS WERE MADE TO THE ROTARY YOUTH LEADERSHIP AWARDS (RYLA) TO DEVELOPE SKILLS AND CHARACTER IN YOUNG ADULTS AGES 14-30. INCLUDING GRANTS OF \$ 2,080. REVENUE \$ 0. EXPENSES \$ 2,080. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE ORGANIZATION ELECT THE DIRECTORS AND OFFICERS WHO ARE EX-OFFICIO DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE TREASURER AND THE CHAIRMAN OF THE SPECIAL PROJECTS COMMITTEE WHO IS VOLUNTEER LEGAL COUNSEL FOR THE ORGANIZATION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S ARTICLES OF INCORPORATION, BYLAWS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR INSPECTION BY MEMBERS OF THE PUBLIC UPON

REOUEST.

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part !

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2014 Open to Public Inspection

OMB No 1545-0047

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

ROCKFORD ROTARY CHARITABLE ASSOCIATION

Employer identification number 36-6077650

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets **e** Total income ₤ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

organizations coming the tax year.							
(a)	(q)	(2)	(Đ	(e)	<b>(</b>	(6)	6×13
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	(2) PB
of related organization		foreign country)	section	status (if section	entity	entity?	_
			_	501(c)(3))		Yes	No
ROTARY INT'L - ROCKFORD ROTARY CLUB -							
36-6074831, 1480 S. ALPINE ROAD, ROCKFORD,							
IL 61108	SERVICE ORGANIZATION	ILLINOIS	501(C)(4)				×
ANDERSON GARDENS - 36-4201695							
318 SPRING CREEK ROAD	INFORMATION ON JAPANESE			LINE 11C,			
ROCKFORD, IL 61107	CULTURE	ILLINOIS	501(C)(3)	III-FI			×
	<del></del>						
						_	

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

Schedule R (Form 990) 2014

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36-6077650

Page 2

Schedule R (Form 990) 2014 ROCKFORD ROTARY CHARITABLE ASSOCIATION

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

Code V-UBI General or Percentage amount in box partner/ 20 of Schedule K-1 (Form 1065) Yes No 3 9 Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization

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

1		olled 9(13)	١٨,	Yes No								
	<u>:</u> }	512(b)(13) controlled	9	Yes								
	£	Percentage ownership									•	_
		Share of end-of-year										
	€	Share of total income										
	(e)	Type of entity (C corp. S corp.	or frust)	(200								
	( <del>Q</del> )	Direct controlling   Type of entity   S entry   S entry										
	<u></u>	Legal domicile (state or	foreign	country)								
ing the tax year.	(q)	Primary activity										
organizations treated as a corporation or trust during the tax year.	(a)	Name, address, and EIN										

Schedule R (Form 990) 2014

Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	with one or more re	elated organizations listed	in Parts II.IV?		<b>&gt;</b>	Yes No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					1a	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)	:	:	:	:	<b>£</b>	×
c Gift, grant, or capital contribution from related organization(s)		: : : : : : : : : : : : : : : : : : : :			5	×
d Loans or loan guarantees to or for related organization(s)	:		•		4	×
e Loans or loan guarantees by related organization(s)			;		<b>9</b>	×
6 Durishments from voltated accommendation(s)					Ť	<b>&gt;</b>
T Ulvidends from related organization(s)	: : :	: .	•		= .	4 :
g Sale of assets to related organization(s)	:			:	5	<b>4</b>
h Purchase of assets from related organization(s)	:		•	•	£	×
i Exchange of assets with related organization(s)	:		•	:	; <del>-</del>	×
j Lease of facilities, equipment, or other assets to related organization(s)	٠				÷	×
k Lease of facilities, equipment, or other assets from related organization(s)				:	*	×
	inization(s)		:		=	×
m Performance of services or membership or fundraising solicitations by related orga	lated organization(s)				1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uo	:			Ę	×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>			:	:	9	×
					,	<b>&gt;</b>
Deimbursement paid to related organization(s) for expenses     Deimbursement and by related organization(s) for expenses		:	:: : :	:	9	<b>&lt;</b>
ן הפוווטעוספווופון לפומנפט טופמווצמוועקל וטו כאליפווסכט	:		:		?	
r Other transfer of cash or property to related organization(s)			:		+	×
s Other transfer of cash or property from related organization(s)		•			\$	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	nis line, including covered	relationships and transa	ction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of	(d) Method of determining amount involved	polved	
(2)						
ē						
(4)						
(5)						
9						
432163 08-14-14				Schedule	Schedule R (Form 990) 2014	90) 2014

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

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

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) (e) Are all Predominant income partners sec (related, unrelated, 501(s)(3)	(f) (f) Share of total	(g) Share of end-of-vear	(h) Disproportionate	Disprepor- Disprepor-	(j) General or managing	(k) Percentage ownership
(aliny)		country)	excluded from tax under unstable sections 512-514) Yes No		assets	Yes No	(Form 1065)	Yes No	-
		·							,
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							Schedule	R (For	Schedule R (Form 990) 2014

Schedule R	(Form 990) 2014	ROCKFORD	ROTARY	<u> CHARITABLE</u>	<u>ASSOCIATION</u>	36-6077650 Page	<u>∍ 5</u>
Part VII	(Form 990) 2014 Supplemental I	nformation					
	Provide additional in	formation for responses	to questions	on Schedule R (see in:	structions)		
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