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# Form **991**

Department of the Treasury

Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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.lrs.gov/form990.

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30,  $2\overline{017}$ C Name of organization D Employer identification number Check if applicable X Address ROCKFORD ROTARY CHARITABLE ASSOCIATION Name change 36-6077650 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ P.O. BOX 1323 815-979-0507 termin ated 82,697. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amend ROCKFORD, IL 61105 H(a) Is this a group return Applica-F Name and address of principal officer TERRY D. ANDERSON Yes X No for subordinates? pending 120 W. STATE STREET, ROCKFORD, 61105 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) 9 Website: ► ROCKFORDROTARY.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other -Trust Association Year of formation: 1922 M State of legal domicile: IL Part I Summary POSTWA Activities & Governance Briefly describe the organization's mission or most significant activities TO PROVIDE LEADERSHIP SUPPORT FOR AT RISK YOUTH WITHIN THE COMMUNITY. Check this box 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) Number of independent voting members of the governing body (Part VI, line 1b) 4 14 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 115 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 37,648 33,422. Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) 33,574 32,689. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10,930, 2,756. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 82,152 68,867. Total revenue--add-lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts-paid (Part-IX, column (A), lines 1-3) 57,902. 34,825. Benefits paid to or for members (Part IX, column (A), line 4) 0. О. 0. Salaries, other compensation employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 21,519. 74,058. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 108,883. 79,421 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,731. <40,016.> Revenue less expenses Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year End of Year** 1,024,053. 20 Total assets (Part X, line 16) 1,064,069. Total liabilities (Part X, line 26) 0 069. Net assets or fund balances Subtract line 21 from line 20 064 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 an information of which preparer has any knowledge. Sign TRASURSE HOMAS Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature, 11/5/17 ₽00096569 11/2 Mouh Paid DAN G. LOESCHER self-employed Firm's name LOESCHER & ASSOCIATES, LTD. 36-4038006 Preparer Firm's EIN Firm's address ▶ 6845 WEAVER ROAD, SUITE 200 Use Only

Phone no. 815 - 637 - 9584

X Yes No

Form 990 (2016)

ROCKFORD, IL 61114

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

3,508. including grants of \$

108,314.

3,508.) (Revenue \$

Total program service expenses

1 la the organization described in section 501(c)(3) or 4947((x)1) (other than a private foundation)?  If 'Yes, 'complete Schedule B, Schedule B, Schedule B, Schedule O (Contributors')  Did the organization required to complete Schedule B, Schedule of Contributors'  Section 501(c)(3) organization and the organization organization organization and the organization organization and the organization organization and the organization				Yes	No
2 Is the arganization required to complete <i>Schedule B, Schedule G, Contributional</i> 3 J X 4 Section 50 (Ic)(3) organizations. Did the organization engage in direct or indirect political campagn activities on behalf of or in opposition to candidates for public office? If "Fes," complete Schedule C, Part I J 5 Is the organization. Solid five organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year If "Fes," complete Schedule C, Part II J 5 Is the organization assettion 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 II" "Fes," complete Schedule C, Part III J 6 Dd 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment is such funds or accounts for third to granulation receive or hold a conservation easiers? If "se," complete Schedule D, Part I I I I I I I I I I I I I I I I I I I	1				
3 Did the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public offects ("I'ves," complete Schedule C, Part II  4 Section 801(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or amiliar amounts as defined in Revenue Procedure 96:197 If "Yes," complete Schedule C, Part II  6 Did the organization measure any donor adverded 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 II  7 Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  8 Did the organization manual mount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts to tilsted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  10 Did the organization report an amount for investments of their securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  11 Did the organization report an amount for other labilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  12 Did the organization report an amount for other labilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complet					
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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 III  5 Is the organization a section 501(c)(4), 501(c)(6), 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  6 Did the organization review 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 Did the organization review 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  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II  9 Did the organization in 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 II  10 Did the organization ricectly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part X, III  11 If the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part XII  12 Did the organization report an amount for investments - program related 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 XII  13 Did the organization report an amount for other liabilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII  14 Did the organization is liability for uncert	3				
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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  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 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part V If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V If Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V If Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V If 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 X If Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X If Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X If Did the organization on achool described in section 170(b)(1)(A)(b)? If "Yes," complete Schedule D, Part X If 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	Ŭ	•	Ω		x
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  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  If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments other securities in Part X, line 12? If "Yes," complete Schedule D, Part VII  d Did the organization report an amount for investments or program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  11b X  Did the organization report an amount for other liabilities 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 X Intention is part at the organization is a separate or consolidated financial statements for the tax year include a footnote that addresses the organization shadily for uncertain tax positions under FIN4 8(BoC 740)? If "Yes," complete Schedule D, Part X Intention is the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Intention is the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule P, Part I Intention In	9		-		12
If "Yes," complete Schedule D, Part IV   10   10   10   10   10   10   10   1		·			
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 II 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  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI II			۵		x
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IXI  d Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization is separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X  110 b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional is the organization as school described in section 170(b)(1)(A)(i)(i) If "Yes," complete Schedule D, Parts XI and XII is optional is the organization included in consolidated. Independent audited financial statements for the tax year? If "Yes," complete Schedule P, Parts I and IV  12b Unit the organization or Part IX, column (A), line 3, more than \$5,000 of g	10		-		-11
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		complete Schedule G, Part III	19		X

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	<u> </u>
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	<u> </u>		
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<b> </b>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ĺ	Į	ĺ
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	Ì	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
2.1	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			i
	of any of these persons? If "Yes," complete Schedule L, Part III	27	i I	х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions).	]		}
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	000		х
~~	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in	29		
30	contributions? If "Yes," complete Schedule M	00		x
04		30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.4		x
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00	}	x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		· •	
	Part V, line 1	34	X	17
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	├
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,.
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			۱
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,_	}
	Note. All Form 990 filers are required to complete Schedule O	38_	X	
		Form	990	(2016)

- 41	Check if Schedule O contains a response or note to any line in this Part V			
	•	——	Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 1		1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
•	(gambling) winnings to prize winners?	1c		ı
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0	1		ı
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		li
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	i i		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1		
	were not tax deductible?	6b_		
7	Organizations that may receive deductible contributions under section 170(c).	1		
а		7a_		X
b		7b_		<del> </del>
С				
	to file Form 8282?	7c		X
d		1_		
e		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del>'''</del>		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the annual control of the second control of the base and control of the second contr	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b		1 1		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			ĺ
	amounts due or received from them )	]		ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	·	13a		<b></b>
	Note. See the instructions for additional information the organization must report on Schedule O.	} }		ĺ
b	· · · · · · · · · · · · · · · · · · ·			
	organization is licensed to issue qualified health plans			
С	<del></del>	<del>  </del>		<del></del> _
14a		14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(0040)
		rorm	ココリ	(2016)

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						$\mathbf{x}$
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.			1	}		
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 ar	ny 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		T		
	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 9	90 was	filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			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 ap	point o	ne or		Ī		
	more members of the governing body?	•		7	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or				
	persons other than the governing body?		·	7	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the	following:				
а	The governing body?	•	ŭ	8	за	Х	
b	Each committee with authority to act on behalf of the governing body?			[	3b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at	the				
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			Ì	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (	Code )				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			1	0a	_	Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			1	Ob		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before	filing the form?	7 1	1a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			Γ	$\Box$		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			1	2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confli	cts?	1	2b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," des	спре				
	in Schedule O how this was done			1	2c		X
13	Did the organization have a written whistleblower policy?			Γ.	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 approva	l by ind	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			1	5a		X
b	Other officers or key employees of the organization			1	5b		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 arrangements	nent wit	ha	-	ı		
	taxable entity during the year?			1	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its pa	rticipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization'	s	}	İ		
	exempt status with respect to such arrangements?			1	6b		
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	(Sectio	n 501(c)(3)s on	ly) ava	ılab	le	
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain	ın Sche	dule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor			and fi	nand	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 body	oks and	records.				
	TOM SCOVILLE - 815-979-0507						
	5525 INVERNESS DRIVE, ROCKFORD, IL 61107						

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-()[]]	33U	120101	

### ROCKFORD ROTARY CHARITABLE ASSOCIATION

36-6077650

Page 7

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

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

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

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

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)	(B)			(C	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c	Posi heck i ss per id a di	more rson	than	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HELEN HILL	0.50									•
DIRECTOR	0.50	X	<del> </del>	-		-		0.	0.	0.
(2) ROGER MAGGIO	0.50	X						0.	0.	0.
DIRECTOR (3) JACK BECHERER	0.50	^						0.	0.	0.
DIRECTOR	0.50	X						0.	0.	0.
(4) JULIE THOMAS	0.50	<u> </u>	<del>                                     </del>						-	<del></del>
DIRECTOR		X				l		0.	0.	0.
(5) DAVE BYRNES	0.50									
PEESIDENT NOMINEE		X	<u>L</u> .			<u> </u>		0.	0.	0.
(6) LINDA NIEMIEC	0.50				-					
DIRECTOR		X	ļ					0.	0.	0.
(7) JIM POWERS	0.50	ļ								
DIRECTOR	<del> </del>	X	_			_	_	0.	0.	0.
(8) BETH THACKER	0.50					ł			_	•
DIRECTOR	0.50	X		-		<u> </u>		0.	0.	0.
(9) JOHN TORRENCE	0.50	x						0.	0.	0.
DIRECTOR	0.50	^	-	$\vdash$		╁╌	├─	0.	0.	
(10) LINDA GERBER	0.50	1		x		ļ		0.	0.	0.
PRESIDENT ELECT (11) LYN ALLISON	0.50	╁	<del>                                     </del>	-	H					
SECRETARY		1		x	İ			0.	0.	0.
(12) TOM SCOVILLE	0.50									
TREASURER		1		X				0.	0.	0.
(13) JAMES M. COFFEY	0.50									
ASSISTANT SECRETARY			<u> </u>	X				0.	0.	0.
(14) RUSS JOHANSSON	0.50	]								
PAST-PRESIDENT			<u> </u>	X	<u> </u>	1		0.	0.	0.
(15) LINDA JOHNSON	0.50	Į								
PRESIDENT	<del>                                     </del>	┞	_	X	ļ		_	0.	0.	0.
(16) TERRY D. ANDERSON	0.50	-								_
CHAIRMAN SPECIAL PROJECTS	+	├-	┼	X	$\vdash$	-	$\vdash$	0.	0.	0.
		1								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (A) Position - Name and title Average (do not check more than one hours per box, unless person is both an officer and a director/trustee) week (list any hours for ndividual trustee or related organizations below line) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address NONE

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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 (B) (C) Unrelated Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and 33,422. similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ 33,422 h Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 28,519. 28,519. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (II) Other assets other than inventory 18,000 b Less cost or other basis 13,830 and sales expenses 4,170. c Gain or (loss) 4,170. 4,170. 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 b 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** 2,700. 2,700 11 a ROTARY ACADEMY DINNER 900099 900099 56. ь MISCELLAEOUS d All other revenue 2,756. e Total. Add lines 11a-11d 68,867 ,756 0. 32,689. Total revenue. See instructions.

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A)	
Do n	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	Bb, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	34,825.	34,825.		
2	Grants and other assistance to domestic				
	individuals 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		<del></del>		
5	Compensation of current officers, directors,				
_	trustees, and key employees	·			<del></del>
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 Pension plan accruals and contributions (include		<del></del>		
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<del></del>
10	Payroll taxes		·		
11	Fees for services (non-employees)				
''	Management				
b	Legal				<del></del>
c	Accounting	*			<u></u>
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	- ·			
13	Office expenses	155.		155.	
14	Information technology				
15	Royalties				<del>-</del>
16	Occupancy				
17 ·	Travel			·	<del></del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				-
19	Conferences, conventions, and meetings				· · · · · · · · · · · · · · · · · · ·
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization		· · · · · · · · · · · · · · · · · · ·		
23	Incurance				
24	Other expenses. Itemize expenses not covered				
27	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	COMPONITAT OUT DDDAMTON	61,911.	61,911.		
b	ACADDICE DIDIED	8,248.	8,248.		
c	ACADEMY LUNCHES	3,200.	3,200.		
d	ACCURATE ACCOUNTS DEED	289.		289.	
е	All other expenses	255.	130.	125.	
25	Total functional expenses Add lines 1 through 24e	108,883.	108,314.	569.	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 if following SOP 98-2 (ASC 958-720)				

		Cheek of Schoolule O contains a reasonne or not	a to any line in this Part V	<del></del>		
		Check if Schedule O contains a response or not	e to any line in this Part X	(A) Beginning of year		(B) End of year
	Γ.		<del></del>			<del></del>
	1	Cash · non-interest-bearing	Į-	129,117.	1	98,097.
	2	Savings and temporary cash investments	}		2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and for		ĺ	1	
	ļ	trustees, key employees, and highest compensations of Schedule L.	ated employees Complete	ı	_	
	6	Loans and other receivables from other disquali	<del> </del>	5_		
	0	section 4958(f)(1)), persons described in section		İ		
		employers and sponsoring organizations of section				
"	}	employees' beneficiary organizations (see instr)	· · · · · · · · · · · · · · · · · · ·			
Assets	,	Notes and loans receivable, net	Complete Part II of Scire	<del></del>	<u>6</u> 7	
Ass	7   8	Inventories for sale or use	<u> </u>		8	
	9	Prepaid expenses and deferred charges		<del></del>	9	
	1	Land, buildings, and equipment, cost or other	ı ı t		3	
	104	basis Complete Part VI of Schedule D	10a			
	h	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	100	934,787.	11	925,956.
	12	Investments - other securities See Part IV, line		12	<u> </u>	
	13	investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		165.	15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	1,064,069.	16	1,024,053.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue	L		19	
	20	Tax-exempt bond liabilities	<u> </u>		20	
	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
es	22	Loans and other payables to current and former	officers, directors, trustees,		Ì	
Ě		key employees, highest compensated employee	es, and disqualified persons.		}	
Liabilities	ì	Complete Part II of Schedule L	1		22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	-	:	,	
		parties, and other liabilities not included on lines	s 17-24) Complete Part X of			
	Í	Schedule D	ļ-		25	
	26	Total liabilities. Add lines 17 through 25	<del></del>	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958				
es	1	complete lines 27 through 29, and lines 33 ar	id 34.			
aŭ	27	Unrestricted net assets	· · ·		27	
Bal	28	Temporarily restricted net assets			_28	<del></del>
5	29	Permanently restricted net assets	20 ann 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		29	
Ę		Organizations that do not follow SFAS 117 (A	SC 958), check here			
S	000	and complete lines 30 through 34.		1,064,069.	20	1,024,053.
set	30	Capital stock or trust principal, or current funds	Г	1,004,009.	30 31	1,024,053.
t As	31	Paid-in or capital surplus, or land, building, or ed Retained earnings, endowment, accumulated in		0.	32	0.
Net Assets or Fund Balances	32	Total net assets or fund balances	Lone, or other lunus	1,064,069.	33	1,024,053.
	34	Total liabilities and net assets/fund balances		1,064,069.		1,024,053.

-orm	990 (2016) ROCKFORD ROTARY CHARITABLE ASSOCIATION	<u> </u>	<u> </u>	<u> </u>	Page 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•	1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		_68	<u>.867.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			883.
3	Revenue less expenses Subtract line 2 from line 1	3			016.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	064	<u>,069.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	<del></del>		
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,				
	column (B))	10	1,	024	<u>,053.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Y	es No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			)
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u></u>	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		ľ	
	separate basis, consolidated basis, or both		1	}	
	Separate basis Consolidated basis Both consolidated and separate basis		)		ļ
þ	Were the organization's financial statements audited by an independent accountant?		_	2b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,		1	
	consolidated basis, or both		ĺ		
	Separate basis Consolidated basis Both consolidated and separate basis			}	ļ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		-	
	review, or compilation of its financial statements and selection of an independent accountant?		-	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	·	- 1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit [	-	
	Act and OMB Circular A-133?		-	3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired auc	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	
			-	Form <b>9</b> 9	<b>90</b> (2016)

632012 11-11-16

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

Department of the Trèasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		ROCK	<u>FORD_ROTAR</u>	<u>Y CHARITABLE</u>	ASSO:	CIATI	ON 3	<u> </u>						
Pa	rt l	Reason for Public (	Charity Status (/	All organizations must co	mplete the	s part ) Se	e instructions							
he	organ	ization is not a private found	lation because it is (	For lines 1 through 12, c	heck only	one box )								
1	Ŏ.	A church, convention of ch		•	-	•	YAYi).							
2	$\overline{\Box}$	A school described in secti												
3	一	A hospital or a cooperative					iì							
4	Ħ	A medical research organiz					•	the bospital's name						
4			ation operated in col	njunicuon with a nospital	described	i iii Sectio	ii i/O(b)( i)(A)(iii). Lintei	trie nospital s name,						
_	$\overline{}$	city, and state		llaaa ay										
5		An organization operated for		liege or university owner	or operat	ed by a go	overnmental unit descri	bea 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).												
6	$\vdash$													
7		An organization that norma	illy receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the genera	l public described in						
		section 170(b)(1)(A)(vi). (C	omplete Part II )											
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Part	: II.)									
9		An agricultural research org	ganization described	In section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a land-grant	t college						
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the collec	ge or						
		university'												
10		An organization that norma	ılly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from						
		activities related to its exen												
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975						
		See section 509(a)(2). (Cor				·	, ,							
11		An organization organized	•	ively to test for public sa	fetv See s	section 50	)9(a)(4).							
	X	An organization organized a		· ·	•			e purposes of one or						
		more publicly supported or	•		•		•	•						
		lines 12a through 12d that	-											
а	X	<del>_</del>						v aivina						
_		the supported organization												
		organization You must o			c majority (	or tric direc	stors or trastocs or the	sapporting						
b	Γ-	Type II. A supporting org	•		tion with it	e eupport	ad organization(s), by b	avina						
U														
		control or management o			ame perso	ins mai co	mittor or manage the su	pported						
_	Γ_	organization(s) You mus					and formation allows the annual	ما فرین ام م						
С	L		•				• •	iea wiin,						
		its supported organizatio	• • •	•	•	•	•							
C	L			·			• • • • • •							
		that is not functionally int	•	•	•		•	tiveness						
	_	requirement (see instruct												
е	L_	_) Check this box if the orga					Type I, Type II, Type II							
		functionally integrated, or		nally integrated support	ng organiz	ation								
f		er the number of supported o	J				•							
9		vide the following information  (i) Name of supported	n about the supporte	d organization(s) (iii) Type of organization	(IV) is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other						
	,	organization	(11) 5114	(described on lines 1-10	(iv) is the orga in your governi		support (see instructions)	1 ' '						
			ļ	above (see instructions))	Yes	No								
								<u> </u>						
			1											
			1											
						ĺ								
					i									

# Schedule A (Form 990 or 990 EZ) 2016 ROCKFORD ROTARY CHARITABLE ASSOCIATION 36-6077650 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(1) Total
1	Gifts, grants, contributions, and						·
	membership fees received. (Do not			į			ı
	include any unusual grants.")		<u> </u>	<u> </u>	i		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		1				
	or expended on its behalf				]		1
3	The value of services or facilities						
	furnished by a governmental unit to			Ì		Ì	1
	the organization without charge						
4	Total. Add lines 1 through 3			1			
5	The portion of total contributions						
	by each person (other than a			ļ			
	governmental unit or publicly		}		ĺ		
	supported organization) included				]		
	on line 1 that exceeds 2% of the				1		
	amount shown on line 11,					İ	
	column (f)			Ì			
6	Public support. Subtract line 5 from line 4	<del></del>			<del> </del> -	-	
	ction B. Total Support	<del></del>	<del></del>	·	<del></del>	<u> </u>	<del></del>
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4					1	
8	Gross income from interest.						
	dividends, payments received on			i	1		
	securities loans, rents, royalties		}	l 			
	and income from similar sources						
9	Net income from unrelated business		<u> </u>	<del> </del>		<del> </del>	
•	activities, whether or not the			İ			·
	business is regularly carried on				]	1	
10	Other income Do not include gain			<del></del>	<del> </del>		
	or loss from the sale of capital					1	
	assets (Explain in Part VI )			-		}	
11	Total support. Add lines 7 through 10	<del></del>			<del> </del>		
	Gross receipts from related activities,	etc (see instructi	ions)	<del></del>	<u> </u>	12	<del></del>
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth to	ax vear as a sectio		
.5	organization, check this box and stop		,, (1111	_,	, our do d 300110	55. (5)(5)	▶ [ ]
Se	ction C. Computation of Publi		rcentage				
14	Public support percentage for 2016 (li	ne 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	: II, line 14	("		15	%
	33 1/3% support test - 2016. If the o			n line 13, and line	14 is 33 1/3% or r		
	stop here. The organization qualifies a						▶□
Ŀ	33 1/3% support test - 2015. If the o		*		l line 15 is 33 1/3%	or more, check th	nis box
-	and stop here. The organization quali	•		•			▶ 🗀
17:	10% -facts-and-circumstances test				e 13, 16a, or 16b	and line 14 is 10%	or more
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"			-	•	,. Trilow the Organ	
L	10% -facts-and-circumstances test				-	17a and line 15 is	10% or
L	more, and if the organization meets th	-	-				
							,
10	organization meets the "facts-and-circ Private foundation. If the organization		-				
18	Filvate toutidation, it the organization	T GIO HOL CHECK A	DONOTHINE TO, TO	a, 100, 17a, 01 1/1	D, CHECK THIS DOX 2	THE SEE HISTOCHOFF	<u> </u>

# Schedule A (Form 990 or 990-EZ) 2016 ROCKFORD ROTARY CHARITABLE ASSOCIATION 36-6077650 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not	,				Ì	
include any "unusual grants ')			ļ	į	İ	
2 Gross receipts from admissions,					T	
merchandise sold or services per-				ł	}	
formed, or facilities furnished in					1	
any activity that is related to the organization's tax-exempt purpose			1	1		
3 Gross receipts from activities that				<del> </del>		<u> </u>
are not an unrelated trade or bus-						
iness under section 513					1	
<del> </del>			<del> </del>		<del></del>	<del></del>
4 Tax revenues levied for the organ-		}	ļ		1	
ization's benefit and either paid to			1	ļ		
or expended on its behalf					<del> </del>	<del></del>
5 The value of services or facilities			İ			
furnished by a governmental unit to				1		
the organization without charge						
6 Total. Add lines 1 through 5		<u> </u>	<u> </u>	<u> </u>		
7a Amounts included on lines 1, 2, and			Į.			
3 received from disqualified persons					<u> </u>	
b Amounts included on lines 2 and 3 received						<del></del>
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		}	}	}		
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)			<del> </del>	†		
Section B. Total Support			<del></del>	<del></del>		
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	<u>(u) 2012</u>	(6) 2010	(0) 2014	(0)2013	(6) 2010	(i) iotai
10a Gross income from interest,		<del> </del>	<del>                                     </del>	<del> </del>	<del></del>	
dividends, payments received on		[	1	1	1	
securities loans, rents, royalties			İ			
and income from similar sources			<del> </del>	<del> </del>	<del> </del>	
<b>b</b> Unrelated business taxable income			1			
(less section 511 taxes) from businesses				Ì		
acquired after June 30, 1975			ļ	<del></del>	<u> </u>	
c Add lines 10a and 10b					<u> </u>	
11 Net income from unrelated business					ļ	
activities not included in line 10b, whether or not the business is				1		
regularly carried on						
12 Other income Do not include gain	<del></del>			-		
or loss from the sale of capital assets (Explain in Part VI)		Ì			}	
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization's	s first, second, this	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	ation.
check this box and stop here	<b>.</b>		.,,	,,		▶□
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2016 (iii			column (fl)		15	%
16 Public support percentage from 2015					16	%
Section D. Computation of Inves						<u>~</u>
17 Investment income percentage for 20					17	%
	•	-	no ro, column (I))		18	
				- 45 41		
19a 33 1/3% support tests - 2016. If the	_					7 IS NOT ▶ [
more than 33 1/3%, check this box an	-	-	• •			ليا⊲
b 33 1/3% support tests - 2015. If the	•					and
line 18 is not more than 33 1/3%, chec						<b>P</b>
20 Private foundation. If the organization	ı dıd not check a	box on line 14, 19	la, or 19b, check t	nis box and see in	structions	

### Schedule A (Form 990 or 990-EZ) 2016 ROCKFORD ROTARY CHARITABLE ASSOCIATION 36-6077650 Page 4

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Orga	nizations
--------------------------------	-----------

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If 'No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1_1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		i	
	organization was described in section 509(a)(1) or (2)	2	}	X
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a	X	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		ĺ	
	organization made the determination	3b	X	Ì
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	X	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	1	1	
	despite being controlled or supervised by or in connection with its supported organizations	4b		[
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1	1	1
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			ł
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		T -	_
	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	-	J	1
	was accomplished (such as by amendment to the organizing document)	5a		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		İ	
	designated in the organization's organizing document?	_5b_	<u> </u>	L
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	<u></u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	1	}	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	-		ļ
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also		İ	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	1	1	Ì
	Part VI.	6_	ļ	X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	1	1	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		1	l
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	<u> </u>	X
<b>9</b> a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	1		ļ
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	<b> </b>	X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	1		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	_9b	<b> </b>	X
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	1	1	<b> </b>
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<del> </del>	X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	1		
	supporting organizations)? If "Yes," answer 10b below.	10a	<u> </u>	X

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings }

	dule A (Form 990 or 990-EZ) 2016 ROCKFORD ROTARY CHARITABLE ASSOCIATION 36-60	<u>7765</u>	0 Pa	ge <b>5</b>
Pai	rt IV   Supporting Organizations (continued)		·	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ļ		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ŀ		
	below, the governing body of a supported organization?	11a		<u>X</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.	11c	اـــــا	<u>X</u>
Sec	tion B. Type I Supporting Organizations		Г <u> </u>	
_	Dilling diseases to store and all of		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	ļ		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	Ì		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	1		
	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		] [	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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,			
<u></u>	supervised, or controlled the supporting organization.	2	<u>.                                    </u>	<u>X</u>
Sec	tion C. Type II Supporting Organizations		T.,T	
	Ware a majority of the argenization's directors as to store dispute the tourism the following		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ļ	]	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	}		
Soc	the supported organization(s). tion D. All Type III Supporting Organizations		Li	
360	tion b. All Type in Supporting Organizations		V	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1	
	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	<del></del>		
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	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	<b>_</b>		
3	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			
	supported organizations played in this regard.	3		
Sec	etion E. Type III Functionally Integrated Supporting Organizations		ــــــــــــــــــــــــــــــــــــــ	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions).			
' a	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.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	inictions	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a			1.00	110
	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		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		$\vdash$	
-	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			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
-	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
đ	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	36		

	dule A (Form 990 or 990 EZ) 2016 ROCKFORD ROTARY CHARITA			36-6077650 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	on Nov. 20, 1970 (explain ii	n Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E	<del></del>
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1_		
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			ł
	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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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		
_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		<u> </u>
_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	ion 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	lly integr	ated Type III supporting o	rganization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	t V Type III Non-Functionally Integrated 509			6-60//650 Page 7
	on D - Distributions	tallal authoriting orde	anizations (continued)	Current Year
	Amounts paid to supported organizations to accomplish exe	mpt purposes		Ourient real
	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp			<del> </del>
-	organizations, in excess of income from activity	ps.posoo oi auppoitou		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	<del> </del>
	Amounts paid to acquire exempt-use assets		·	
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions	· · · · · · · · · · · · · · · · · · ·		
7	Total annual distributions. Add lines 1 through 6	· · · · · · · · · · · · · · · · · · ·		
8	Distributions to attentive supported organizations to which the	he organization is responsive	)	
	(provide details in Part VI) See instructions	•		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		<del></del>	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7· \$			
а	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·	
b	Applied to 2016 distributable amount			
_ с	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3			
	and 4c			
_8_	Breakdown of line 7.		<del></del>	
<u>a</u>			<del></del>	
b	Excess from 2013			
c	Excess from 2014			
<u>d</u>	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 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; Part III, line 12
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 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.

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

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

1545-0047	910	o Public
OMB No	20	Open to

Inspection

Name of	Name of the organization ROCKFORD ROTARY CHARTTARLE	ROTARY CH	TARITABI.E AS	ASSOCTATION	•			Employer identification number 36-6077650
Part	General Inform	and Assistance						
-	Does the organization maintain records to substantiate the amount of	to substantiate the		s or assistance, the	grantees' eligibility	v for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion
	criteria used to award the grants or assistance?	stance?						X Yes No
۵ م	앎	ocedures for mon	toring the use of grant	t funds in the Unite	d States			
Part	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duringted if additional space is needed.	Domestic Organi	izations and Domestial be duplicated if additional addi	ic Governments. C	Somplete if the orga	anization answered "\	res" on Form 990, Par	t IV, line 21, for any
1 (a)	1 (a) Name and address of organization or government	( <b>b)</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 noncash assistance	(h) Purpose of grant or assistance
YMCA OI	YMCA OF ROCK RIVER VALLEY							ROTARY ACADEMY PROGRAM-LEADERSHIP AND
ROCKFORD	ZUU I BLVD ROCKFORD, IL 61107	36-2174838	501(C)(3)	25,999.	0			EDUCATION PROGRAMS FOR AT RISK YOUTH,
3 End	Enter total number of section 501(c)(3) and government organizations I Enter total number of other organizations listed in the line 1 table	nd government or	ganizations listed in the	isted in the line 1 table				<b>A</b> 4
,	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructi	ions for Form 990.					Schedule I (Form 990) (2016)

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance 36-6077650 (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (Form 990) (2016) ROCKFORD ROTARY CHARITABLE ASSOCIATION

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule | (Form 990) (2016)

Part III | Grants and Other 632102 11-01-16 Part IV

# **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

632211 08-25-16

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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ROCKFORD ROTARY CHARITABLE ASSOCIATION

Employer identification number 36-6077650

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
SCHOLARSHIPS FOR STUDENTS AT ROCKFORD UNIVERSITY, ONE IN THE AREA OF
CRIMINAL JUSTICE AND THE OTHER IN LIBERAL ARTS. THE STUDENTS ARE
SELECTED BY THE FACILITY AND ADMINISTRATION OF ROCKFORD UNIVERSITY, 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 AND COMMUNITY PROGRAMS. GRANTS WERE MADE TO THE
ROTARY YOUTH LEADERSHIP AWARDS (RYLA) TO DEVELOPE SKILLS AND CHARACTER
IN YOUNG ADULTS AGES 14-30 AND TO A VISITING TEACHERS PROGRAM TO ASSIST
IN BRINGING IN TEACHERS FROM CHILE.
EXPENSES \$ 3,508. INCLUDING GRANTS OF \$ 3,508. REVENUE \$ 0.
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 11B:
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
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 9	990-EZ) (2016)				Page 2
Name of the organization	ROCKFORD	ROTARY	CHARITABLE	ASSOCIATION	Employer identification number 36-6077650
REQUEST.					
				_	
		<del></del>			
	<del></del>	₩.			<del></del>
			<del></del>		
	<del></del>				
		<del></del> -		<u>.</u>	<del></del>
	· · · · · · · · · · · · · · · · · · ·				

SCHEDULE R (Form 990)

Name of the organization

Part

Department of the Treasury Internal Revenue Service

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.

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

. Open to Public Inspection 2016

OMB No 1545-0047

Employer identification number 36-6077650

> Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ROCKFORD ROTARY CHARITABLE ASSOCIATION

Direct controlling 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 Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

Schedule R (Form 990) 2016 entity status (if section 501(c)(3)) section 501(C)(4) foreign country) LLLINOIS SERVICE ORGANIZATION Primary activity 36-6074831, P.O. BOX 1323, ROCKFORD, IL ROTARY INT'L - ROCKFORD ROTARY CLUB Name, address, and EIN of related organization 61105

(g) Section 512(b)(13) controlled

Direct controlling

Public charity

Exempt Code

Legal domicile (state or

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Yes

entity?

×

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

36-6077650 Page 2

Schedule R (Form 990) 2016 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

General or Percentage managing ownership 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 trust during the tax year Yes No 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Disproportionate Yes allocations? Ξ (g)
Share of
end-of-year
assets Share of total income  $\varepsilon$ Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign Pnmary activity <u>e</u> Name, address, and EIN of related organization Part IV

				,					
(a)	<b>(</b> p)	<u> </u>	<b>(</b> Q	(e)			£	(i)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	a p
		country)		or trusty		455615		Yes No	اه ا
				•					
								L. <u> </u>	
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	i							-	
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		_							

Schedule R (Form 990) 2016

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Page 3

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Yes

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

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

**b** Gift, grant, or capital contribution to related organization(s)

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Part V

Performance of services or membership or fundraising solicitations for related organization(s)
 m Performance of services or membership or fundraising solicitations by related organization(s)
 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 o Sharing of paid employees with related organization(s)
 p Reimbursement paid to related organization(s) for expenses

Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

Purchase of assets from related organization(s) Exchange of assets with related organization(s)

Dividends from related organization(s) Sale of assets to related organization(s)

6

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. s Other transfer of cash or property from related organization(s)

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(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved
	type (a-s)		
(1)			
(2)	,		
(3)			
(4)			
(5)			
(9)			
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Page 4

# Schedule R (Form 990) 2016 ROCKFORD ROTARY CHARITABLE ASSOCIATION

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

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

bisproportionate amount in box 20 managing of Schedule K-1 partner of Schedule K-1 ves No (Form 1065) ves No end-of-year Share of assets <u>(6</u> Share of Income total Predominant income painers ser (related, unrelated, 501c)(3) excluded from tax under sections 512-514) (state or foreign Legal domicile country) Pnmary activity Name, address, and EIN of entity

Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016