## 2949306009803 0 294930 Return of Organization Exempt From Income Tax

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

8

Department of the Treasury Internal Revenue Service

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Open to Public Inspection

BOCKFORD ROTARY CHARITABLE ASSOCIATION    Comparison   Co	A	F	or the	2018 calendar year, or tax year beginning JUL 1, 2018 and e	ending	JUN 30, 2019	
## SOCKFORD ROTARY CHARITABLE ASSOCIATION    Solve   Doing Dusiness as   Annaber and street (or P.O. box if mail is not delivered to street address)   Room/suite   E Telephone number   P.O. BOX 13.23   Room/suite   E Telephone number   E Telephone number   Room/suite   E Telephone number   Room/suite   E Telephone number   E Telephone number   Room/suite   E Telephone number   E Telephone number   Room/suite   E Telephone number   Room/suite   E Telephone number   E Telephone number   E Telephone number   Room/suite	₽,	D <sub>C</sub>	heck if	C Name of organization		D Employer identifi	cation number
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Doing Journess as   Mumber and street (or PL), box of mad is not delivered to street address)   Room/suits   E Telephone number   Street   Room   Room/suits   E Telephone number   Room   R	1	7	Addres change	ROCKFORD ROTARY CHARITABLE ASSOCIATION			
Number and street (or P.D. box of mail is not delivered to street address)   Room/suite   E Telephone number   815 - 979 - 0.507			Name change			<b>コ</b> 36-6	077650
P. O. BOX 1323   Single-property   Single-prop	Ī	-	Initial		Room/suit		
Chy or town, stato or province, country, and ZIP or foreign postal code   Chy or town, stato or province, country, and ZIP or foreign postal code   Chy or town, stato or province, country, and ZIP or foreign postal code   Chy or town, stato or province, country, and ZIP or foreign postal code   Chy or town, stato or province, country, and ZIP or foreign postal code   Chy or town, stato or province, country, and ZIP or foreign postal code   Chy or town, stato or province, country, and ZIP or foreign postal code   Chy or town, stato or province, country, and ZIP or foreign postal code   Chy or town, stato or province, country, and ZIP or foreign postal code   Chy or town, stato or province, country, and ZIP or foreign postal code   Chy or town, stato or province, country, and ZIP or foreign postal code   Chy or town, stato or province, country, and ZIP or foreign postal code   Chy or town, stato or province, country, and ZIP or foreign postal code   Chy or town, stato or province, postal code   Chy or town, stato or prov	Ē	5	Final		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ROCKPORD, IL 61105   Holp Is this a group return for subordinates?   Ves   No Priority   No Priori		<u> </u>	termin				
Name and address of process   San	Ч	쁘				<del></del>	
Security	يىر آ	습					
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ROCKFORDROTARY, ORG		콖				¬ / ·	
Part   Summary					or [N ] 62	<b>→</b>	·
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Benefity describe the organization's mission or most significant activities. TO PROVIDE LEADERSHIP SUPPORT FOR AT RISK YOUTH WITHIN THE COMMUNITY.  2 Check this box & if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part Vi, line 1a).  4 Number of independent voting members of the governing body (Part Vi, line 1a).  5 Total number of independent voting members of the governing body (Part Vi, line 1a).  5 Total number of individuals employed in calendar year 2018 (Part Vi, line 1a).  6 Total number of volunteers (estimate if necessary).  7 To Total unrelated business revenue from Part VIII, column (C), line 12.  5 Net unrelated business revenue from Part VIII, column (C), line 12.  6 Total number of revenue (Part VIII, line 1th).  9 Prior Year.  8 Contributions and grants (Part VIII, line 2p).  10 Interveneue (Part VIII, column (A), lines 3, 4, and 7d).  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d).  12 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).  14 Benefits paid to or for members (Part IX, column (A), lines 1-3).  15 Salenes, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16 Professional fundraising fees (Part IX, column (A), lines 1-3).  17 Other expenses (Part IX, column (A), lines 1-3).  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), lines 5-10).  19 Revenue less expenses Subtract line 1 stam lines 2 trom line 20.  10 Total liabilities (Part X, line 26).  10 Total liabilities (Part X, line 26).  10 Total liabilities (Part X, line 26).  11 Total liabilities (Part X, line 26).  12 Total liabilities (Part X, line 26).  13 Total liabilities (Part X, line 26).  14 Total liabilities (Part X, line 26).  15 Salenes, other compensation, employee benefits (Part X, line 26).  16 Professional fundraising less (Part IX, column (A), lines 1-3).  17 Other	K	F	orm of		L Yea	r of formation: 1922 N	M State of legal domicile: IL
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Beginning of Current Year End of Year 1, 037, 342. 1, 176, 896.  21 Total liabilities (Part X, line 26)  22 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 office of Based on all information of which preparer has any knowledge.  Sign Here  Print/Type preparer's name  DAN G. LOESCHER  Preparer  Firm's name LOESCHER & ASSOCIATES, LTD.  Firm's address 6845 WEAVER ROAD, SUITE 200  ROCKFORD, IL 61114  Phone no 815-637-9584			18	Total expenses. Add lines 13-17 (must equal Part(IX, column (A), line 25)	_		
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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 office preparer based on all information of which preparer has any knowledge.  Sign Here  Print/Type or print name and title  Preparer's name  Date  Preparer's name  Date  Print/Type preparer's name  Proparer's signature  Proparer's signature  Print/Type preparer's name  Date  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Proparer's signature  Print/Type preparer's name  Print/Type p	sets	뒄	20	Total assets (Part X, line 16)	L	1,037,342.	1,176,896.
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 office pushased on all information of which preparer has any knowledge.  Sign  Nere  Print/Type or print name and title  Print/Type preparer's name  Preparer's signature  Preparer  Firm's name  LOESCHER & ASSOCIATES, LTD.  Firm's address 6845 WEAVER ROAD, SUITE 200  ROCKFORD, IL 61114  Phone no 815-637-9584	As	Ë	21				
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 office Pis Based on all information of which preparer has any knowledge.  Sign Here  Print/Type or print name and title  Print/Type preparer's name Preparer  Preparer  Firm's name LOESCHER ASSOCIATES, LTD. Firm's EIN 36-4038006  Phone no 815-637-9584	Se			Net assets or fund balances. Subtract line 21 from line 20		1,037,342.	1,176,896.
Sign Here    Signature of efficer   Signature   Signat	LF	a	rt II	Signature Block			
Sign Here    Signature of efficer   Date	Un	nde	r penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and staten	nents, and to the best of my	knowledge and belief, it is
Here    Founds   Fou	tru	ιe,	correct	, and complete Declaration of preparer (other than officer) Based on all information of while	ch prepare	er has any knowledge. 🖊	
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Type or print name and title  Print/Type preparer's name  Preparer Use Only  ROCKFORD, IL 61114  Preparer's signature.  Preparer's signature.  Preparer's signature.  Preparer's signature.  Preparer's signature.  Preparer's signature.  Print's signature.  Print's EIN   ASSOCIATES, LTD.  Firm's EIN   ASSOCIATES, LTD.  Phone no 815-637-9584	Si	gn	,				/
Print/Type preparer's name  Paid  DAN G. LOESCHER  Preparer  Firm's name  LOESCHER & ASSOCIATES, LTD.  Firm's address 6845 WEAVER ROAD, SUITE 200  ROCKFORD, IL 61114  Preparer's signature  //////  /////  Preparer's signature  /////  /////  /////  /////  Date  /////  /////  /////  ////  ////  ////  ////	Не	ere	,		mon	<u> </u>	
Paid         DAN G. LOESCHER         No. 1/15/4         property self-employed         P00096569           Preparer Use Only         Firm's name         LOESCHER & ASSOCIATES, LTD.         Firm's EIN         36-4038006           Phone no 815-637-9584         Phone no 815-637-9584	١.			Type or print name and title			
Paid         DAN G. LOESCHER         Normalization         Image: Self-employed pool of 569 per properties and propertie	, —			Print/Type preparer's name Preparer's signature.			PTIN
Preparer Use Only Firm's address   LOESCHER & ASSOCIATES, LTD.   Firm's EIN   36-4038006	Pa	id	1	A/ /// / .		11/18/19 self-employ	ed P00096569
Use Only Firm's address 6845 WEAVER ROAD, SUITE 200 ROCKFORD, IL 61114 Phone no 815-637-9584						<del></del>	
ROCKFORD, IL 61114 Phone no 815-637-9584		-					
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	M	av	the IR				X Yes No

Forn	n 990 (2018) ROCKFORD ROTARY CHARITABLE ASSOCIATION 36-60	77650	Page 2
Pa	art III   Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
		o	
	IMPROVE THE PERFORMANCE AND OUTCOME OF THE STUDENTS IN THE ROO		
	PUBLIC SCHOOL DISTRICT FOR THE BENEFIT OF THE GENERAL PUBLIC.		
	•		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Ves	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		٠٠٠٠ ليون
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to	aeenenye vo	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	-	nd
	revenue, if any, for each program service reported	expended, ar	
4a	40 145		
	ROTARY ACADEMY PROGRAM - THE ROTARY ACADEMY PROGRAM IS ROCKFOR	D ROTAL	RY '
	CHARITABLE ASSOCIATION'S SIGNATURE PROJECT. THE ROTARY ACADEM		
	LEADERSHIP PROGRAM FOR AT RISK YOUTH IN THE ROCKFORD PUBLIC SO		
	DISTRICT #205. IT INVOLVES MIDDLE SCHOOL STUDENTS RECEIVING V		
	LEADERSHIP AND TEAMWORK TRAINING, SUCH AS PARTICIPATION IN A H		PES
		ETIQUE	
	TRAINING AND RELATED EDUCATIONAL ACTIVITIES USUALLY INVOLVING		
	SERVICE PROJECT BY THOSE PARTICIPATING AT EACH OF THE DISTRICT		
	SCHOOLS. THIS REPRESENTS A VERY SUBSTANTIAL ONGOING ACTIVITY		
	BENEFIT OF THE GENERAL PUBLIC IN EFFORTS TO IMPROVE THE PERFOR		
	OUTCOME OF THE STUDENTS IN THE ROCKFORD PUBLIC SCHOOL DISTRICT		
4b	(Code) (Expenses \$ 1,440. including grants of \$ 1,440.) (Revenue \$		
		O OTHER	₹
	CHARITABLE ROTARY AND COMMUNITY PROGRAMS. GRANTS WERE MADE TO	THE	
	ROTARY YOUTH LEADERSHIP AWARDS (RYLA) TO DEVELOPE SKILLS AND C	HARACTI	ER
	IN YOUNG ADULTS AGES 14-30,		
4c	· · · · · · · · · · · · · · · · · · ·		)
	COLLEGE SCHOLARSHIPS - BASED ON A GENEROUS GIFT FROM THE BROTH		
	DECEASED MEMBER, THE ROCKFORD ROTARY CHARITABLE ASSOCIATION ES		HED
	A SCHOLARSHIP PROGRAM BY WHICH THE PRINCIPALS OF THE 10 AREA H		
	SCHOOLS SELECT A TEACHER AND A MALE AND FEMALE SENIOR STUDENT		
	RECOGNIZED FOR THEIR COMMUNITY SERVICE WITH THE STUDENTS INVIT		
	WRITE AN ESSAY ABOUT THEIR COMMUNITY SERVICE TO BE CONSIDERED		
	SCHOLARSHIP. THE ESSAYS ARE REVIEWED BY A COMMITTEE OF THE RO	<del> </del>	
	ROTARY CHARITABLE ASSOCIATION AND TWO OF THE STUDENTS, ONE MAL	<del></del>	
	FEMALE, ARE SELECTED TO RECEIVE SCHOLARSHIPS FOR THEIR FIRST Y	EAR OF	
	COLLEGE OR OTHER POST-SECONDARY EDUCATION.		
4d			
	(Expenses \$ 2,295. including grants of \$ 2,295.) (Revenue \$		
4e	Total program service expenses ► 49,880.		

Page 3

Part IV Chocklist of Decrined Schoolules

	TIV   Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1.00	
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Ì
	public office? If "Yes," complete Schedule C, Part I	3	L	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			ļ ·
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			1
	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,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	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			
	as applicable			<b> -</b>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			•
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			<b>.</b>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	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			х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del></del>	-	
124		12a		Х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
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		Х
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,			
	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			
	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,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
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	Х	

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ROCKFORD ROTARY CHARITABLE ASSOCIATION 36-6077650 Part IV Checklist of Required Schedules (continued)

			Yes	No
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	ĺ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		Х
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		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ļ		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			l
	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		<u>X</u> _
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7.7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	i .		3.7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
05 -	Part V, line 1	34	<u>~</u>	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		Х
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
30	Note, All Form 990 filers are required to complete Schedule O	38	х	
Par		00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		. 55	.,,
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		

Part V

ROCKFORD ROTARY CHARITABLE ASSOCIATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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) X 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 c 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 X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7с to file Form 82822 d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e **7**f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them ) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O

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					
	•		ī		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14	<b>i</b> 1		
	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	l I		ľ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other			
	officer, director, trustee, or key employee?			_2_		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision	1		
	of officers, directors, or trustees, or key employees to a management company or other person?			3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		_5		<u>X</u>
6	Did the organization have members or stockholders?			_6_		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or			
	persons other than the governing body?			7b_		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	tollowing.	<u> </u>	<del>,</del>	
	The governing body?	•		_8a	X	
	Each committee with authority to act on behalf of the governing body?			_8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	the		}	v
500	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
40-	Did the average transfer being local about on business or office.			10-	Yes	No_X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such ch	ontoro	offiliatos	10a		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	apters,	annates,	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before	e filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	, 50.01	5 mm g and 101111			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
-	In Schedule O how this was done	00, 0	*	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 approva	l by inc	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1	1	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	th a			
	taxable entity during the year?			16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					- 1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ızatıon	's	<u> </u>		
2	exempt status with respect to such arrangements?		<del></del>	16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed > IL	- 000	T (Cooting E01/a)(3)a	20114		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	, n aan.	(Section 501(c)(3)\$	orny) a	avaliaD	ie
	for public inspection. Indicate how you made these available Check all that apply  Own website  Another's website  X Upon request Other (explain	0-1				
10	Own website Another's website Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, con			financ	ıal	
19	statements available to the public during the tax year	mict Of	miterest policy, and	midilici	ai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records -			
20	TOM SCOVILLE - 815-979-0507	no and				
	5691 NORTHCLIFFE LANE, ROCKFORD, IL 61114					

Form	990	(2018)	

### 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)			(D)	(E)	(F)
Name and Title	Average hours per week	box	, unle	Pos heck i	itior more rson i	than on the state of the state	n 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) ZACH BUCHANAN	0.50	l				١,				
DIRECTOR		X	<u> </u>		_	<u> </u>	<u> </u>	0.	0.	0.
(2) BRIAN DE BENEDETTO	0.50									
DIRECTOR	<del></del>	X	<u> </u>		_	ļ	<u> </u>	0.	_0.	0.
(3) ROBERT GOUGH	0.50									
DIRECTOR		X	<u> </u>			_	<u> </u>	0.	0.	0.
(4) DONALD KINNEY	0.50				ŀ					
DIRECTOR		X	_			<u> </u>	<u> </u>	0.	0.	0.
(5) JIM NELSON	0.50	1	ļ			l			_	
DIRECTOR		X		_	ļ	<u> </u>	<u> </u>	0.	0.	0.
(6) REBECCA RUNDQUIST	0.50	1		•	ĺ	ľ	ĺ	_ !	_	
DIRECTOR		X	<u> </u>	$ldsymbol{f eta}$	_	L_	<u> </u>	0.	0.	0.
(7) JEFF SMITH	0.50	l								
DIRECTOR	<del></del>	X	<u> </u>	_	_	_	<u> </u>	0.	0.	0.
(8) TERI WATTS	0.50	l	l			1				_
DIRECTOR		X	_	_		┢	<u> </u>	0.	0.	0.
(9) DAVID BYRNES	0.50	ł	l		l		l		•	0
PRESIDENT	<del> </del>	-	<u> </u>	Х	_		<del> </del>	0.	0.	0.
(10) CAROLYN ALLISON	0.50	-							•	•
SECRETARY		├_		X	L	<b> </b>	<b>├</b> -	0.	0.	0.
(11) TOM SCOVILLE	0.50	ł			ļ				•	
TREASURER	<del>                                     </del>	-		X	<u> </u>	-	├	0.	0.	0.
(12) ALAN GIBBY	0.50	ļ		,,			ļ		0.	0.
VICE PRESIDENT/PROGRAM CHAIR	0 50	-	├	X	├		<u> </u>	0.		<u> </u>
(13) CHUCK PROROK	0.50	ł		x				0.	0.	0.
VICE PRESIDENT	0.50	-		^	<del> </del>			<del>                                     </del>	<u> </u>	<u> </u>
(14) TERRY ANDERSON	0.30	l		x	}			0.	0.	0.
CHAIRMAN CHARITABLE COMMITTEE		├—	<del> </del>	^	-		┝	0.	0.	<u> </u>
	<del></del>	ł	l							
		-	$\vdash$	┝┈┤		$\vdash$	-		<del></del>	
	<del></del>	1								
	<del></del>	$\vdash$	$\vdash$		$\vdash$		$\vdash$			
							_	<del></del>		

Pai	Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	<u>1 Hi</u>	ghe	st C	ompensated Employee	s (continued)				
	(A)	(B)	ĺ			C)			(D)	(E)		Ì	(F)	
	Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable		E	stimate	ed
		hours per	box	unle	ss pe	rson I	s boti	n an	compensation	compensation		ar	nount	of
	•	week (list any	$\vdash$	1		1	T	1	from	from related			other	
	,	hours for	direct				L		the organization	organization (W-2/1099-MIS			npensa rom th	
		related	8 9	Stee		l	nsate	l	(W-2/1099-MISC)	(** 27 1000 10110	,0,		janizat	
		organizations	trust	al tru		ag.	ошре		1			1 -	d relat	
	•	below	Individual trustee or director	Institutional trustee	<u> </u>	Key employee	Highest compensated employee	Ē				org	anızatı	ons
		line)	皇	<u> </u>	Officer	<u>ş</u>	₹ 5	훈	ļ	_ <del>-</del>				
							ł							
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	<del></del>			}—	_	_	₩	├-	<del>                                     </del>			<u> </u>		
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		<u> </u>												
		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		Ļ	0.	<del></del>	0.	L		0.
	Sub-total	l Castian A							0.	<del></del>	0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	i, Section A							0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ah	nove	) wh	o re	<del></del>	000 of reportable		<u> </u>		
_	compensation from the organization	or minica to th	000		<b>4</b> 44	,0,0	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	500 01 10p0 (db.)	•			0
													Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	ə, ke	y en	nplo	yee,	or I	highest compensated en	nployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	ım of reportabl	е сс	mpe	ensa	tion	and	oth	ner compensation from th	ne organization				
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a								ed organization or individ	lual for services				
Sac	rendered to the organization? If "Yes." comtion B. Independent Contractors	plete Schedule	e J f	or si	ıch r	ers.	on .		<del></del>	<del></del>		5		X
1	Complete this table for your five highest co	mponented and	000	ndor	at oc	ntro	acto	re th	nat received more than \$	100 000 of com		tion fr		
•	the organization. Report compensation for										,ei isa		5111	
	(A)	ino calondar ye	<i>,</i>	,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>				(B)			((	<del>)</del>	
	Name and business	address	N	ONE	3			Ì	Description of s	ervices	C		nsatio	n
									•					
	···							$\dashv$						
								- 1						
								4	<del></del>					
								[						
								-			—			
		<del></del>						_					_	
								_]						
2	Total number of independent contractors (ii	ncluding but no	ot lin	nitec	to t	thos	e lis	ted	above) who received mo	re than				
	\$100,000 of compensation from the organization	zation -				C	)							

Page 9

Statement of Revenue

ROCKFORD ROTARY CHARITABLE ASSOCIATION

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) Unrelated (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 166,334. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 166,334. Total, Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 32,492. 32,492. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) 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 b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not 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 900099 1,350. 1,350. 11 a ROTARY ACADEMY DINNER 900099 135. ь MISCELLAEOUS d All other revenue 1,485. e Total. Add lines 11a-11d 200,311. 1,485. 0. 32,492. Total revenue See instructions 12

	_ <del></del>				
Sec	tion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	r organizations must cor	nplete column (A)	
	Check if Schedule O contains a respon				
	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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				-
	and domestic governments. See Part IV, line 21	39,082.	39,082.		
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				
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)				<del>_</del>
7	Other salaries and wages				<del> </del>
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)		<del></del>	·	
9	Other employee benefits	<del> </del>			
10	Payroll taxes				<del></del>
11	Fees for services (non-employees).				
a				<del></del>	
b	Legal Accounting	2,100.		2,100.	<del></del>
d	*		<u> </u>		
	Professional fundraising services. See Part IV, line 17		<del>"-</del>	·	<del></del>
f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25,	<del></del>			<del></del>
9	column (A) amount, list line 11g expenses on Sch O.)		1		
12	Advertising and promotion	· <del></del>			
13	Office expenses	175.		175.	
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	8,141.		8,141.	
20	Interest				
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization	-	<del></del>		
23	Insurance Other expanses (temps expanses not equated				<del></del>
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	A CADEMIC DINNER	8,883.	8,883.		
h	ACADEMY LUNCHES	1,915.	1,915.		
c	SCHWAB ACCOUNT FEES	330.		330.	<del></del>
d	BANK CHARGES	106.		106.	
	All other expenses	25.		25.	
25	Total functional expenses Add lines 1 through 24e	60,757.	49,880.	10,877.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	,	ľ		
	educational campaign and fundraising solicitation.	<i>'</i>			
	Check here if following SOP 98-2 (ASC 958-720)				

ه ب	117	Baldrice Offeet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing	87,144.	1	123,299.
	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 former officers, directors,			
	İ	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined unde	r ,	j	
	İ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	ng		
		employers and sponsoring organizations of section 501(c)(9) voluntary		<u></u>	
ষ	ł	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	<u> </u>
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a		<u> </u>	ļ
	b	Less accumulated depreciation 10b		10c	4-050-505
	11	Investments - publicly traded securities	950,198.	11	1,053,597.
	12	Investments - other securities See Part IV, line 11	" <u> </u>	12	
٠	13	Investments - program-related See Part IV, line 11		13	<u> </u>
	14	Intangible assets	<del></del>	14	
	15	Other assets See Part IV, line 11	1,037,342.	15	1,176,896.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,037,342.	16	1,170,090.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable Deferred revenue		18 19	<del></del>
	19			20	<del></del>
	20	Tax-exempt bond liabilities  Escrow or custodial account liability Complete Part IV of Schedule D	<del></del> _	21	
	22	Loans and other payables to current and former officers, directors, trustees,	<del></del>	<del>                                     </del>	
Liabilities	~~	key employees, highest compensated employees, and disqualified persons	•		
ρij		Complete Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·	22	· · · · · · · · · · · · · · · · · · ·
Lia	23	Secured mortgages and notes payable to unrelated third parties	<del></del>	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			J
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here  and	d		
Ø		complete lines 27 through 29, and lines 33 and 34.			
ဦ	27	Unrestricted net assets		27	
<u>a</u>	28	Temporarily restricted net assets		28	
д В	29	Permanently restricted net assets	_	29	
Ë	l	Organizations that do not follow SFAS 117 (ASC 958), check here $\blacktriangleright X$	3	,	
þ		and complete lines 30 through 34.		igsqcut	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	1,037,342.	30	1,176,896.
ASS	31	Paid in or capital surplus, or land, building, or equipment fund	0.	31	0.
et/	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0.
Z	33	Total net assets or fund balances	1,037,342.	33	1,176,896.
	34	Total liabilities and net assets/fund balances	1,037,342.	34	1,176,896.

	990 (2018) ROCKFORD ROTARY CHARITABLE ASSOCIATION_	<u> 36-</u>	60776	<u> 50</u>	Pag	ge 12
Pa	rt XI <sup>-</sup> 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		20	0,3	<u>11.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		6	0,7	57.
3	Revenue less expenses Subtract line 2 from line 1	3		13	9,5	54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	03	7,3	42.
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,					
	column (B))	10	1,	170	5,8	<u>96.</u>
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_	l	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			Į		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	L			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	ł	l		1
	separate basis, consolidated basis, or both			Ì		
	Separate basis Consolidated basis Both consolidated and separate basis		L			
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	basıs,		ļ		
	consolidated basis, or both.		J	j		
	Separate basis Consolidated basis Both consolidated and separate basis		L			$oxed{oxed}$
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,	1		ļ	
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c		<b>_</b>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	L			ш
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audı	t			
	Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	t	Ì		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		L

Form **990** (2018)

832012 12-31-18

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

Department of the Treasury

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

ROCKFORD ROTARY CHARITABLE ASSOCIATION

	Employer identification number
1	36-6077650_

Pa	rt I	Reason for Public	Charity Status (	All organizations must co	omplete th	is part ) Se	e instructions					
The 1 2 3 4	organ	zation is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz city, and state	urches, or association 170(b)(1)(A)(ii). (hospital service organical)	n of churches described Attach Schedule E (Forn anization described in so	n section 990 or 99 ection 170	on <b>170(b)</b> (1 90-EZ)) <b>)(b)(1)(A)(</b> ii	i).	the hospital's name,				
5 6 7		An organization operated for section 170(b)(1)(A)(iv). (CA) federal, state, or local good An organization that normal	Complete Part II) vernment or governm illy receives a substai	nental unit described in	section 17	70(b)(1)(A)	(v).					
8 9		section 170(b)(1)(A)(vi). (C A community trust describe An agricultural research orgor university or a non-land-quiniversity	ed in section 170(b)(ganization described	in section 170(b)(1)(A)(	ix) operate	•	_	_				
10		An organization that normal activities related to its exemincome and unrelated busin See section 509(a)(2). (Co	npt functions - subject ness taxable income	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment				
11 12 a	X	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving										
b		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.  Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported										
c	organization(s) You must complete Part IV, Sections A and C.  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness.											
e		requirement (see instruct  Check this box if the orgation functionally integrated, or the number of supported or	ions) You must con anization received a v r Type III non-function	nplete Part IV, Sections written determination fro	A and D, m the IRS	and Part that it is a	v.					
<u> </u>	Prov	ide the following information Name of supported	•	d organization(s)	(iv) is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other				
		organization	.,,	(described on lines 1 10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
	_											
	_											
ota	.]			<del></del>								

chedule A (Form 990 or 990-EZ) 2018 RC	CKFORD R	OTARY CHA	RITABLE A	SSOCIATIO	N 36-607	76/50 Page 2
Part II Support Schedule for C	-		•			•
(Complete only if you checked			_	n failed to qualify (	under Part III If the	organization
fails to qualify under the tests I	isted below, plea	se complete Part				
ection A. Public Support		T				
alendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and		Ì	Í			
membership fees received (Do not				/	1	
include any "unusual grants ")		ļ. <u>-</u>	<b></b>		<u> </u>	
2 Tax revenues levied for the organ-		ļ	ļ			
ization's benefit and either paid to		ĺ	ĺ		ĺ	
or expended on its behalf						
3 The value of services or facilities		1	1		·	
furnished by a governmental unit to			,			
the organization without charge				<u> </u>	ļ	
4 ' Total. Add lines 1 through 3			<u>'/</u>			
5 The portion of total contributions			l. /			
by each person (other than a				}	j	
governmental unit or publicly			/	1		
supported organization) included			/	ļ	}	
on line 1 that exceeds 2% of the						
amount shown on line 11,		<i>j</i>	ĺ			
column (f)						
6 Public support. Subtract line 5 from line 4			L	<u></u>		<u></u>
ection B. Total Support					,	
elendar year (or fiscal year beginning in) ► 📙	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4				<u> </u>		
8 Gross income from interest,			Ì	1		
dividends, payments received on						
securities loans, rents, royalties,	4	/	İ	ĺ	1	
and income from similar sources	/					
9 Net income from unrelated business			ŧ			
activities, whether or not the						
business is regularly carried on	/			<u> </u>		
O Other income Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI)	/	<u>.                                    </u>	<u> </u>	<u> </u>		
1 Total support. Add lines 7 through 10 🛭	<i>/</i>		l			
2 Gross receipts from related activities, e		ons)			12	
3 First five years. If the Form 990 is for t	he organization's	first, second, thir	d, fourth, or fifth ta	ıx year as a sectioi	n 501(c)(3)	
organization, check this box and stop						
ection C. Computation of Public	Support Per	centage			,	
4 Public support percentage for 2018 (lin	e 6, column (f) dı	vided by line 11, c	olumn (f))		14	%
5 Public support percentage/from 2017 S	Schedule A, Part	II, line 14			15	%
6a 33 1/3% support test - 2018. If the or	ganization did no	t check the box o	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and
stop here. The organization qualifies as	s a publicly supp	orted organization				
b 33 1/3% support test - 2017. If the or	-			line 15 is 33 1/3%	or more, check the	s box
and stop here. The organization qualifi						▶∟
7a 10% -facts-and-circumstances test -						
and if the organization meets the "facts	and-circumstant	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the organ	nization
meets the "facts-and-circumstances" te	st The organizat	tion qualifies as a j	oublicly supported	organization		▶□
b 10% -facts-and-circumstances test -	2017. If the org	anization did not o	check a box on line	13, 16a, 16b, or 1	17a, and line 15 is 1	10% or
more, and if the organization meets the	"facts-and-circui	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	,
organization meets the "facts-and-circu	mstances" test	The organization o	ualifies as a public	ly supported orga	nization	▶∐
R Private foundation If the organization	did not check a l	hox on line 13, 16	a 16b 17a or 17b	check this how a	nd see instructions	. •!!

Schedule A (Form 990 or 990-EZ) 2018

36-6077650 Page 3 Schedule A (Form 990 or 990-EZ) 2018 ROCKFORD ROTARY CHARITABLE ASSOCIATION 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 tailed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (e) 2018 (d) 2017 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons h Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6)

### Section B. Total Support

### Calendar year (or fiscal year beginning in) (b) 2015 (f) Total (a) 2014 (c) 2016 (d) 2017 (e) 2018 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on Other income Do not include gain

or loss from the sale of capital

13	assets (Explain in Part VI) Total support. (Add lines 9, 10c/11, and 12)		
14	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) organiz	zation,
	check this box and stop here		<u> </u>
Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	%
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	%
19a	a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is		17 is not ▶

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line/18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

### 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 Organizations

- 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.
- 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 organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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 organization made the determination
- c 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
- 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
- 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 despite being controlled or supervised by or in connection with its supported organizations
- c 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 to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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 was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 supporting organizations)? If "Yes," answer 10b below
  - 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.)

	Yes	No
1	Х	
2_		Х
<del></del>		
3a	Х	
3b	Х	
3c	Х	
4a		Х
4b		
	:	
4c		
5a		X
5b		
5c		
6		Х
7		X
ļ		17
8	-	Х
9a		X
9b		X
9c		X
10a		Х
10b	L	

Sche	dule A (Form 990 or 990-EZ) 2018 ROCKFORD ROTARY CHARITABLE ASSOCIATION 36-60	776 <u>5</u>	0 Pa	age 5
Pa	TIV   Supporting Organizations (continued)	-	1	
			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)	110		х
_	below, the governing body of a supported organization?	11a 11b		X
	A family member of a person described in (a) above?  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		X
	tion B. Type I Supporting Organizations	1.0		
		-	Yes	No
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			l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			l
	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			<u> </u>
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Х	
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 carried out the purposes of the supported organization(s) that operated,			х
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	110
'	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ļ
	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			-
_	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			
	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	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)			
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			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst	uctions)		
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	22	<b>-</b>	<u> </u>
1_	that these activities constituted substantially all of its activities	2a		
ø	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			
	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			
	trustees of each of the supported organizations? Provide details in Part VI.	3a_		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990 or 990 EZ) 2018 ROCKFORD ROTARY CHARITA			36-6077650 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. All
Sect	other Type III non-functionally integrated supporting organizations must co ion A - Adjusted Net Income	mplete S	(A) Prior Year	(B) Current Year (optional)
	· · · · · · · · · · · · · · · · · · ·	<del>  </del>		(optional)
_1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	<del></del>	-
_3_	Other gross income (see instructions)	3		+
4	Add lines 1 through 3	4		
_5_	Depreciation and depletion	5	<del> </del>	
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		<del></del>
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	non 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		
<u>b</u>	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	•	
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		<u> </u>
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 integral	ted Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Sche	dule A (Form 990 or 990-EZ) 2018 ROCKFORD ROTAL			6-6077650 Page 7
	Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations (continued)	<del>r.</del>
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported		
	organizations; in excess of income from activity	<del></del>		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<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		<del> </del>	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			<u> </u>
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iII) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3	······································		
	and 4c			
8_	Breakdown of line 7			
a	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 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, 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, LINE 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.

OMB No 1545-0047	2018	Open to Public
OMB	2	Oper

Inspection

► Go to www.irs.gov/Form990 for the latest information.

		CO CO MAN.III	3.904/1 01113-30 101	ure ratest miloran	TOOLS.		
Name of the organization ROCKFORD ROTARY CHARITABL	ROTARY CH	闰	ASSOCIATION				Employer identification number 36-6077650
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of th	o substantiate the	amount of the grants o	or assistance, the g	rantees' eligibility	or the grants or assis	e grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	uc
criteria used to award the grants or assistance?	tance?	a source for contract for	cotos botal Lodo as about traces to				X Yes No
at I	cedures for frioning	oring the use of grant in	urius iri trie Orinea	States	\.\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	400 000 minut an income	W 1-00 004 for 000.
rants and other Assistance to Domestic Organizations and Domestic Governments. Complete it the organization answered Tes on Form 350, Fart IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Jomestic Organiz 5,000 Part II can	ations and Domestic be duplicated if additio	Governments. Or	ompiete ii trie orga id	nization answered T	es on rorm sso, ran	ıv, iirie ∠ı, ıor any
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 noncash assistance	(h) Purpose of grant or assistance
YMCA OF ROCK RIVER VALLEY							ROTARY ACADEMY PROGRAM-LEADERSHIP AND
200 Y BLVD	36-2174838 501(0)(3)	501/07/31	27 880	c		<del></del>	EDUCATION PROGRAMS FOR AT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	b d government org	janizations listed in the table	line 1 table				
4	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2018)

Page 2 Schedule I (Form 990) (2018) (f) Description of noncash assistance (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" 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 832102 11-02-18 liii vedl

36-6077650

ROCKFORD ROTARY CHARITABLE ASSOCIATION

Schedule | (Form 990) (2018)

### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for the latest information.

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 4D, OTHER PROGRAM SERVICES:
ROCKFORD ROTARY CHARITABLE ASSOCIATION ANNUALLY MAKES GRANTS TO OTHER
CHARITABLE ROTARY AND COMMUNITY PROGRAMS. GRANTS WERE MADE TO THE YMCA
- PAVILLION (MATCHING GRANT), POLIO DAY PROGRAM, AND TO ST. MARK
LUTHERAN CHURCH - SCHOOL UNIFORMS.
EXPENSES \$ 2,295. INCLUDING GRANTS OF \$ 2,295. 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 CHARITABLE
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
REQUEST.

SCHEDULE R (Form 990) Name of the organization

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.

Open to Public Inspection 2018

OMB No 1545-0047

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

ROCKFORD ROTARY CHARITABLE ASSOCIATION

Employer identification number 36-6077650

Schedule R (Form 990) 2018 (g) Section 512(b)(13) controlled ٥ × entity? Direct controlling Yes 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 Direct controlling entity End-of-year assets (e) status (if section Public chanty 501(c)(3)) Total income Exempt Code ਉ section 501(C)(4) ፱ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) ILLINOIS Primary activity SERVICE ORGANIZATION Primary activity 36-6074831, P.O. BOX 1323, ROCKFORD, IL Name, address, and EIN (if applicable) ROTARY INT'L - ROCKFORD ROTARY CLUB Name, address, and EIN of related organization of disregarded entity Part I Part 61105

36-6077650 Page 2

Schedule R (Form 990) 2018 ROCKFORD ROTARY CHARITABLE ASSOCIATION

Part III 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

(k)	General or Percentage managing ownership											
9	eneral or anaging artner?	Yes No			 _							
• (6)	Code V-UBI amount in box mi	K-1 (Form 1065) Ye		-				-				
i i	rtionate ions?	å										
Œ	Disproportionate allocations?	Yes										
(6)	Share of end-of-year	21222										
(£)	Share of total income											
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)										
(p)	Direct controlling entity	ť	•									
(2)	Legal domicile (state or	country)										
(q)	Primary activity											
(a)	Name, address, and EIN of related organization								•			

[Part IV] 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

1		- @ P	ŝ								
	(1)	512(b)(1; controlle	Yes			 			 	_	 _
	(h)	Percentage 512(b)(13) ownership controlled entity?			-						
	(6)	Share of end-of-year	assets								
	ω)	Share of total income									
	(a)	Type of entity (C corp, S corp	or trust)								
	(d) Direct controlling entity										
	(၁)	Legal domicile (state or	country)								
g rne tax year	(q)	Primary activity									
organizations treated as a corporation or trust during the tax year	(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2018

# Schedule R (Form 990) 2018 ROCKFORD ROTARY CHARITABLE ASSOCIATION Part V Transactions With Related Organizations. Complete if 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			•		Yes	No	1
1 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?	with one or more rela	ited organizations listed ir	Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				₹) 1a		×	- 1
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<del>P</del>		×	1
c Gift, grant, or capital contribution from related organization(s)				10		×	ı
d Loans or loan guarantees to or for related organization(s)				₽		×	1
e Loans or loan guarantees by related organization(s)				<del>p</del>		×	ſ
f Dividends from related organization(s)				#		×	ı
g Sale of assets to related organization(s)				19		×	J
h Purchase of assets from related organization(s)				ŧ		×	- 1
<ul> <li>Exchange of assets with related organization(s)</li> </ul>				¥		×	1
j Lease of facilities, equipment, or other assets to related organization(s)				=		×	Г
k Lease of facilities, equipment, or other assets from related organization(s)				¥	_	×	7
	ization(s)			=		×	1 1
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			1m		×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	n(s)			두		×	- 1
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				우		×	Г
							$\neg$
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> </ul>				4	_	×	- 1
q Reimbursement paid by related organization(s) for expenses				=	_	×	Г
						_	$\neg$
r Other transfer of cash or property to related organization(s)				<b>-</b>	_	×	- 1
,,				18	╛	4	- 1
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	to must complete this	line, including covered re	elationships and transaction thresholds				- 1
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved			
(1)							] [
(2)							
							I
(4)							
(5)							I
(9)							
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Schedule R (Form 990) 2018 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

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(k) ercentag ownership					,			990) 201
(j) neral or naging riner?					<u></u>			Form
(j) General or managing partner? Yes NO								B R (6
(h)	,							Schedule R (Form 990) 2018
So ate ions,								
(h) Dispropor tronate allocations?								
(g) Share of end-of-year assets								
(f) Share of total income								
Are all Are all Solic)(3) orgs ?								
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)								
(c) Legal domicile (state or foreign country)								
(b) Primary activity								
(a) Name, address, and EIN of entity								

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Part VII	(Form 990) 2018 Supplemental Info	rmation.					
		mation for responses to qu	uestions on Sc	chedule R See in	structions		
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