

AMENDED RETURN

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2007

Open to Public Inspection

Form 990

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning 10-01, 2007, and ending 09-30, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: ROCKFORD RESCUE MISSION MINISTRIES. D Employer identification number: 36-6132381. E Telephone number: (815) 965-5332. F Accounting method: Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

- H(a) Is this a group return for affiliates? No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? No
H(d) Is this a separate return filed by an organization covered by a group ruling? No

G Website:

J Organization type (check only one): 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 3,423,466

I Group Exemption Number
M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for rental income, special events, and inventory sales.

Vertical stamp: RECEIVED JUN 18 2008

Vertical stamp: EXPENSES Net Assets



Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22 b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23	STM107 81,844	81,844	
24	Benefits paid to or for members (attach schedule)	24			
25 a	Compensation of current officers, directors, key employees, etc listed in Part VA	25a	66,873	33,437	16,718
b	Compensation of former officers, directors, key employees, etc listed in Part VB	25b	(119,972)	6,500	(126,472)
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	1,171,961	925,587	137,961
27	Pension plan contributions not included on lines 25a, b, and c	27			
28	Employee benefits not included on lines 25a - 27	28	100,582	77,619	13,486
29	Payroll taxes	29	86,947	67,120	10,569
30	Professional fundraising fees	30	163,347		163,347
31	Accounting fees	31	25,245	6,483	11,612
32	Legal fees	32			
33	Supplies	33	4,850	3,973	533
34	Telephone	34	11,981	8,362	1,443
35	Postage and shipping	35	77,753	404	538
36	Occupancy	36	115,712	107,805	5,184
37	Equipment rental and maintenance	37	7,603	7,523	61
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41	11,481	10,104	918
42	Depreciation, depletion, etc (attach schedule)	42	166,610	156,767	5,851
43	Other expenses not covered above (itemize) STM167	43a	437,978	437,978	
a	STATEMENT 3	43a	569,172	493,335	16,281
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,979,967	2,424,841	94,683

Joint Costs. Check if you are following SOP98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 55,285 ; (ii) the amount allocated to Program services \$ 16,400 ;
 (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$ 38,885

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)	
		Beginning of year		End of year	
A s s e t s	45 Cash - non-interest-bearing	780,312	45	1,042,441	
	46 Savings and temporary cash investments	46,795	46	49,632	
	47 a Accounts receivable	62,193	47a		
	b Less allowance for doubtful accounts		47b		
			110,790	47c	62,193
	48 a Pledges receivable		48a		
	b Less allowance for doubtful accounts		48b	48c	
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51 a Other notes and loans receivable (attach schedule)		51a		
	b Less allowance for doubtful accounts		51b	51c	
	52 Inventories for sale or use	253,047	52	220,759	
	53 Prepaid expenses and deferred charges	42,709	53	38,577	
54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a			
b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b			
55 a Investments - land, buildings, and equipment basis		55a			
b Less accumulated depreciation (attach schedule)		55b	55c		
56 Investments - other (attach schedule)		56			
57 a Land, buildings, and equipment basis	6,580,317	57a			
b Less accumulated depreciation (attach schedule) STM116	1,961,241	57b	57c	4,619,076	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STM117)	14,029	58	8,998		
59 Total assets (must equal line 74) Add lines 45 through 58	5,782,658	59	6,041,676		
L i a b i l i t i e s	60 Accounts payable and accrued expenses	134,270	60	149,049	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe <input type="checkbox"/> STM121)	161,236	65	246,661	
66 Total liabilities. Add lines 60 through 65	295,506	66	395,710		
N e t A s s e t B a l a n c e s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	5,481,326	67	5,634,636	
	68 Temporarily restricted	5,826	68	11,330	
	69 Permanently restricted	0	69	0	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	5,487,152	73	5,645,966	
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	5,782,658	74	6,041,676	

Part VI Other Information (continued)		Yes	No	
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b		70,440
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year				
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88a	At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year did the organization, directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		
90a	List the states with which a copy of this return is filed ▶ <u>IL</u>			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b		57
91a	The books are in care of ▶ <u>% JAN DANAHER</u> Telephone no. ▶ <u>815-965-5332</u> Located at ▶ <u>715 W STATE STREET</u> <u>ROCKFORD</u> <u>IL</u> ZIP + 4 ▶ <u>61102-2203</u>			
b	At any time during the calendar year did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
If "Yes," enter the name of the foreign country ▶ _____				
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				

Part VI Other Information (continued) Yes No

c At any time during the calendar year did the organization maintain an office outside of the United States? 91c

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <u>RESALE SHOPS</u>					467,574
b <u>RECYCLE OF BULK CLOTH</u>					63,148
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments					34,315
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	2,100	5,141
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					(1,012)
101 Net income or (loss) from special events					138,311
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a <u>SOFT DRINKS</u>					6,739
b <u>MISC RECEIPTS</u>					1,874
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				2,100	716,090
105 Total (add line 104, columns (B), (D), and (E))					718,190

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

▼ STATEMENT 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year receive any funds, directly or indirectly to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year pay premiums, directly or indirectly on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: *Richard Fairb* Date: 5/6/10

Type or print name and title: Richard Fairb, Chairman of the Board

Paid Preparer's Use Only

Preparer's signature: Date: Check if self-employed: Preparer's SSN or PTIN (See Gen Inst X):

Firm's name (or yours if self-employed), address, and ZIP + 4: EIN: Phone no:

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(j)
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information -- (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
REV PATRICK CLINTON 2307 JONQUIL Rockford IL 61107	DIR/MEN PROG 40	49,650	0	2,876
	COMM OUTREAC			
Total number of other employees paid over \$50,000 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
GRIZZARD 110 N MARYLAND AVE San Diego CA 92106	FUNDRAISING-MAIL	190,996
Total number of others receiving over \$50,000 for professional services ▶		1

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None" See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
RINGLAND-JOHNSON 1725 HUNTWOOD DR Cherry Val IL 61016	CONSTRUCTION	277,515
Total number of other contractors receiving over \$50,000 for other services ▶		1

Part III Statements About Activities (See page 2 of the instructions)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1, 2, 3a, 3b, 3c, 3d, 4a, 4b, 4c, 4d, 4e, 4f, 4g.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 51 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 9 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 4 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows 36-44 include items like Total lobbying expenditures, Other exempt purpose expenditures, and Lobbying nontaxable amount.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2006, (c) 2005, (d) 2004, (e) Total. Rows 45-50 include items like Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and Grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
b Paid staff or management (Include compensation in expenses reported on lines c through h.)
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (Add lines c through h.)

Table with 3 columns: Yes, No, Amount. Rows corresponding to items a-i.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

FORM 990 2007-8 OTHER EXPENSES STATEMENT 3

<u>DESCRIPTION</u>	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C.) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING</u>
BUILDING MAINT	73,950	69,377	2,755	1,818
DONATED FOOD, CLOTHES HOUSEWARES	320,487	320,487		
EDUCATION/AWARENESS	11,733	9,936	381	1,416
INSURANCE	47,061	38,899	5,143	3,019
MISCELLANEOUS	180	167	0	13
OFFICE SUPPLIES & SERVICE	10,146	4,572	3,501	2,073
OTHER EMPLOYEE EXP	4,209		4,209	
PROMOTION, PUBLICATIONS R/E TAXES	90,272	40,583		49,689
	-1,855	-1,855		
VEHICLE OPERATIONS	8,910	7,090	292	1,528
VOLUNTEER OPERATIONS	<u>4,079</u>	<u>4,079</u>		
 TOTAL TO FM 990, LN 43	 <u>569,172</u>	 <u>493,335</u>	 <u>16,281</u>	 <u>59,556</u>

STATEMENT 5 36-6132381

ROCKFORD RESCUE MISSION STATEMENT OF MINISTRIES OCTOBER 2007-SEPTEMBER 2008

The Mission's Key Ministries are providing the area's primary 24-hour men's emergency shelter; inviting the needy to three meals a day; operating long-term residential life recovery programs for men and women; providing educational, job readiness training, and medical and dental services for program residents; and communicating the Gospel of Jesus Christ without government restriction. All services are free.

Spiritual Transformation through breaking destructive lifestyles by introducing people to Jesus Christ as Savior & Lord. Spiritual responses recorded were 1,658. Held nightly required chapels and the staff conducted 6,053 counseling/case management sessions in one-on-one efforts to assist people toward personal & spiritual wholeness.

Lodging averaged *one hundred thirteen* people a night for 41,091 total nights of lodging

Meals: Food service provided meals three times each day for a total of 124,961 served.

Crisis Services: Men's Crisis served 1,118 different men; Employment secured: 158; Stable Housing secured: 248

Life Recovery Services: Men's & Women's Life Recovery served 120 men and women. Education: 92 assessments were given, *three* received a GED & *nine* enrolled in further education/job training. Career Employment enrolled 25. Medical, Chiropractic and Dental sessions, 1,051.

Volunteer Services: Recorded hours totaled 27,175 hours during 9,373 occasions by 4,669 individuals & 624 groups.

Mission Mart Thrift Store: The community gave 8,760 donations of clothing items, household goods, etc. to meet the needs of Mission guests with the remainder being sold to raise operating funds. The retail outlet provided work readiness training for recovery residents.

Funding was received through financial gifts, in-kind donations (clothing, food & professional services) and volunteer services from individuals, churches, organizations, businesses and corporations. The operating budget was \$3.8 million.

We know love by this, that Jesus Christ laid down His life for us; and we ought to lay down our lives for the brethren. But whoever has the world's goods, and beholds his brother in need and closes his heart against him, how does the love of God abide in him?
| John 3:16, 17

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

Form 990 - 2007-8

BALANCE SHEET
OTHER LIABILITIES

STATEMENT 7

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>SEPT 30, 2008</u>
FUNDS HELD FOR RESIDENTS	5,714	44
ACCRUED LONG-TERM COMPENSATION	<u>155,522</u>	<u>246,617</u>
TOTAL TO FORM 990, PART IV, LINE 65	<u>161,236</u>	<u>246,661</u>

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

FEIN

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

FORM 990, SCH FOR PART IV-A, LINE b(4)
OTHER REVENUES INCLUDED SCHEDULE

Statement #96

<u>Description</u>	<u>Amount</u>
COST OF FUNDRAISING SPECIAL EVENTS	<u>55,285</u>
TOTAL	<u><u>55,285</u></u>

FORM 990, SCH FOR PART IV-B, LINE b(4)
OTHER EXPENSES INCLUDED SCHEDULE

PG 01
Statement #97

<u>Description</u>	<u>Amount</u>
COST OF FUNDRAISING SPECIAL EVENTS	<u>55,285</u>
TOTAL	<u><u>55,285</u></u>

FORM 990, SCH FOR PART IV-B, LINE b(4)
OTHER EXPENSES INCLUDED SCHEDULE

PG 02
Statement #97

<u>Description</u>	<u>Amount</u>
Deferred Compensation	<u>227,786</u>
TOTAL	<u><u>227,786</u></u>

FORM 990, SCH FOR PART II, LINE 23
INDIVIDUAL ASSISTANCE SCHEDULE

PG 01
Statement #107

<u>Description</u>	<u>Total</u>	<u>Program Services</u>
STATEMENT 2	<u>81,844</u>	<u>81,844</u>
TOTAL	<u><u>81,844</u></u>	<u><u>81,844</u></u>

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

FEIN

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

**FORM 990, SCH FOR PART II, LINE 42
DEPRECIATION AND DEPLETION SCHEDULE**

Statement #108

<u>Description</u>	<u>Total</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
	166,610	156,767	5,851	3,992
TOTAL	<u>166,610</u>	<u>156,767</u>	<u>5,851</u>	<u>3,992</u>

**FORM 990, SCH FOR PART IV, LINE 57
LAND ETC. SCHEDULE**

PG 01
Statement #116

<u>Category or Item</u>	<u>Basis</u>	<u>Accumulated Depreciation</u>	<u>End of Year</u>
LAND, BLDGS, EQUIP	6,580,317	1,961,241	4,619,076
TOTAL	<u>6,580,317</u>	<u>1,961,241</u>	<u>4,619,076</u>

**FORM 990, SCH FOR PART IV, LINE 58
OTHER ASSETS SCHEDULE 2**

PG 01
Statement #117

<u>Description</u>	<u>Beginning of year</u>	<u>End of year</u>
GIFT CARDS, DEPOSITS	14,029	8,998
TOTAL	<u>14,029</u>	<u>8,998</u>

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

FEIN

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

FORM 990, SCH FOR PART IV, LINE 65

Statement #121

OTHER LIABILITIES SCHEDULE 2

<u>Description</u>	<u>Beginning of year</u>	<u>End of year</u>
STATEMENT 7	<u>161,236</u>	<u>246,661</u>
TOTAL	<u>161,236</u>	<u>246,661</u>

**990 PART II, LINE 43
OTHER EXPENSES (OVERFLOW)**

PG01
Statement #167

<u>Description</u>	<u>Total</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
STATEMENT 4	<u>437,978</u>	<u>437,978</u>	<u> </u>	<u> </u>
TOTAL	<u>437,978</u>	<u>437,978</u>	<u> </u>	<u> </u>

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

Your Social Security Number

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

Statement #101

FORM 990, PART I, LINE 9 SPECIAL EVENTS SCHEDULE

Event	Gross Receipts	Contributions	Gross Revenue	Direct Expenses	Net Income
	193,596	—	193,596	55,285	138,311
TOTAL	<u>193,596</u>	<u>—</u>	<u>193,596</u>	<u>55,285</u>	<u>138,311</u>

990

Overflow Statement

2007
Page 1

Name(s) as shown on return

FEIN

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

Form 990 - Part II Line 23 Specific

Description	Amount
EDUCATION, AND RECREATION	\$ 81,844
Total:	<u>\$ 81,844</u>

PURPOSE OF AMENDED RETURN

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

STATEMENT 5

Page 6, Part V-B, List of Former Officers, Directors and Trustees That Received Compensation

(A)	(B)	(C)		(D)		(E)	(E)
Name & Address	Title and Avg Hrs per Wk	Compensation		Liability for Future Principal Payments on Unfunded Deferred Compensation Plan to Former Officers		Contributions to Employee Benefit Plans	Expense Act and Other Allowance
		As Incorrectly Originally Reported	As Corrected Per This Report	At Beginning Of Year	As of End Of Year		
		Gerald Pitney 3108 Cutty Sark Road Cherry Valley, IL 61016	Director Emeritus	\$234,286 see below	\$ 6,500		
Nadine Pitney 3108 Cutty Sark Road Cherry Valley, IL 61016	Retired Co-Founder	\$(126,472)	\$(126,472)	\$ 155,522	\$ - <i>cancelled due to her death</i>		
		\$234,286	\$ 6,500	\$ 155,522	\$ 246,617		

X Retirement

Payments made during the fiscal year \$ 6,500

Note Mr Pitney and his wife Nadine Pitney co-founded this organization in 1963 along with Ray Stewart of the renowned Pacific Garden Mission in Chicago, Illinois. The Pitneys worked 365 days a year until failing health forced them into retirement.

Mr Pitney retired as a result of Parkinson's Disease before his wife Nadine retired. His retirement pay was set low because at that time he was receiving a modest retirement from a personally funded retirement fund from a Baptist ministers' organization and having a higher retirement from the Mission would have invalidated eligibility to receive the payments from that Baptist organization. Furthermore, Nadine was receiving a salary commensurate with her duties as a full-time Director of the Women's Programs. A liability was set up in the accounting records to reflect the present value of the future payments based upon Mr Pitney's anticipated remaining life in accordance with IRS guidelines and tables.

Nadine later retired and she was granted an unfunded retirement plan based upon her years of service and salary level. A liability was set up in the accounting records to reflect the present value of the future payments based upon Mrs Pitney's anticipated remaining life in accordance with IRS guidelines and tables.

Following the death of Nadine, Gerald Pitney approached the Board of Directors and requested assistance in meeting his monthly financial obligations having lost his wife and her deferred compensation from the Mission and her Social Security benefits. After careful financial study, a revised deferred compensation amount was determined and approved by the Board of Directors to provide him with an equivalent monthly deferred compensation payment that would meet his needs and was less than what the couple received from the Mission and Social Security prior to Nadine's death. An accounting entry was made to remove the balance on Nadine's deferred compensation liability that ceased upon her death.

Page 6, Part V-B, List of Former Officers, Directors and Trustees That Received Compensation

(A)	(B)	(C)		(D)		(D)	(E)
Name & Address	Title and Avg Hrs per Wk	Compensation		Liability for Future Principal Payments on Unfunded Deferred Compensation Plan to Former Officers		Contributions to Employee Benefit Plans	Expense Act and Other Allowance
		As Incorrectly Originally Reported	As Corrected Per This Report	At Beginning Of Year	As of End Of Year		
Gerald Pitney 3108 Cutty Sark Road Cherry Valley, IL 61016	Director Ementus	\$234,286	\$ 6,500	\$ -	\$ 246,617	-0-	-0-
		see below					
Nadine Pitney 3108 Cutty Sark Road Cherry Valley, IL 61016	Retired Co-Founder	\$(126,472)	\$(126,472)	cancelled due to her death			
		\$234,286	\$ 6,500	\$ 155,522	\$ 246,617		

X Retirement

Payments made during the fiscal year \$ 6,500

Note Mr Pitney and his wife Nadine Pitney co-founded this organization in 1963 along with Ray Stewart of the renowned Pacific Garden Mission in Chicago, Illinois The Pitneys worked 365 days a year until failing health forced them into retirement

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Nadine later retired and she was granted an unfunded retirement plan based upon her years of service and salary level A liability was set up in the accounting records to reflect the present value of the future payments based upon Mrs Pitney's anticipated remaining life in accordance with IRS guidelines and tables

Following the death of Nadine, Gerald Pitney approached the Board of Directors and requested assistance in meeting his monthly financial obligations having lost his wife and her deferred compensation from the Mission and her Social Security benefits After careful financial study, a revised deferred compensation amounts was determined and approved by the Board of Directors to provide him with an equivalent monthly deferred compensation payment that would meet his needs and was less than what the couple received from the Mission and Social Security prior to Nadine's death An accounting entry was made to remove the balance on Nadine's deferred compensation liability that cease upon her death

ROCKFORD RESCUE MISSION 36-6132381
2008 Board of Directors

Page 5, Part V-A

<p>RICHARD FARB, Chairman <i>(Beth)</i> 1788 Sweetbarn Lane Rockford, IL 61107 Business Owner: Pillar to Post (H) 636-2001 (W) 636-2001 (F) 713-3516 (C) 509-5759 E-mail: pillarpost@comcast.net</p>	<p>GLENN MILLER <i>(Anita)</i> 7120 Windsor Lake Parkway Loves Park, IL 61111 Firm Owner: Glenn Miller, CPA, P.C. (H) 623-3893 (W) 282-0411 (F) 282-4711 (C) 621-0071 E-mail: glenncpafish@aol.com</p>
<p>DAVID M. KOCH, Treasurer <i>(Judith)</i> 10504 Ventura Blvd. Machesney Park, IL 61115 CPA; Business Owner: Culver Restaurants (4) (H) 636-0701 (W) 316-2307 (F) 226-8890 (C) 494-3523 E-Mail: dkoch@production-tool.com</p>	<p>MICHAEL RANGER <i>(Nancy)</i> 7307 N. Alpine Rd, Suite A Loves Park, IL 61111 Financial Advisor/Senior Partner LR Financial Services, LLC (H) 395-0596 (W) 877-4722 (F) 877-4733 (C) 703-5072 E-Mail: michael@lrfinancial.com</p>
<p>GAYLENE SEARS, Secretary <i>(Dan)</i> 5132 Minns Drive Machesney Park, IL 61115 Homemaker/Substitute Teacher (H) 636-2439 (W) 636-2439 (C) 742-4050 E-Mail: dsears0717@aol.com</p>	<p>BRYAN G. SELANDER <i>(Jan)</i> 4023 Charles Street Rockford, IL 61108 Attorney: Viking Chemical & Schlueter Ecklund (H) 282-7098 (W) 397-0500 (F) 229-0733 (C) 494-0789 E-mail: bselander@gmail.com</p>
<p>ANN DITTMAR <i>(Ed Maher)</i> 7480 Briarcliff Drive Roscoe, IL 61073 Attorney: McGreevy Williams, P.C. (H) 623-7678 (W) 639-3700 (F) 639-9400 (C) 979-8344 E-mail: adittmar@miwpc.com</p>	<p>T. BRUCE WATSON <i>(Mary)</i> 10295 Horseshoe Close Belvidere, IL 61008 Claims Manager: Cincinnati Insurance Company (H) 885-1122 (W) 885-4908 (F) 888-238-1583 (C) 218-0388 E-mail: bruce_watson@cira-fin.com</p>
<p>LARRY JOHNSON <i>(Beth)</i> 3360 Twin Ridge Lane Rockford, IL 61109 Retired Business Owner: L/J Fabricators (H) 874-9651 (W) 397-9099 (F) 397-7858 (C) 979-6240 E-mail: ljohnson@ljfabricators.com</p>	

ROCKFORD RESCUE MISSION MINISTRIES
 FORM 990
 OCTOBER 2007 - SEPTEMBER 2008
 36-6132381

Page 5, Part V, List of Officers, Directors and Trustees:

(A)	(B)	(C)	(D)	(E)
<u>Name & Address</u>	<u>Title and Avg. Hrs. per Wk</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plans</u>	<u>Expense Act and Other Allowance</u>
Cheryl Pitney 715 West State Street Rockford, IL 61102	Executive Director	\$66,873	* -0-	-0-
		<u>\$66,873</u>		

* Salary

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

FORM 990 2007-8 CHANGES IN ASSETS OR FUND BALANCES LINE 20

DESCRIPTION	AMOUNT
EXPENSE RECOGNIZED PER GAAP ON AUDITED FINANCIAL STATEMENT FOR DEFERRED COMPENSATION LIABILITY, NOT RECOGNIZED ON FORM 990	<u>-227,786</u>
TOTAL TO FM 990, PART I, LINE 20	<u><u>-227,786</u></u>

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes address: ROCKFORD RESCUE MISSION MINISTRIES, P.O. BOX 1958, Rockford IL 61110-0458

Check type of return to be filed (file a separate application for each return)

- Form 990 (checked), Form 990-T (corporation), Form 4720, Form 990-BL, Form 990-T (sec 401(a) or 408(a) trust), Form 5227, Form 990-EZ, Form 990-T (trust other than above), Form 6069, Form 990-PF, Form 1041-A, Form 8870

The books are in the care of JAN DANAHER

Telephone No 815-965-5332 FAX No

- If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
If this is for the whole group, check this box
If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05-15, 2009, to file the exempt organization return for the organization named above The extension is for the organization's return for
calendar year 20 or
tax year beginning 10-01, 2007, and ending 09-30, 2008

If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

Table with 3 rows: 3a Tentative tax less any nonrefundable credits, 3b Refundable credits and estimated tax payments made, 3c Balance Due. Subtract line 3b from line 3a

Caution: If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions