

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)

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 990 header section A-M containing organization details: Name (ROCKFORD RESCUE MISSION MINISTRIES), EIN (36-6132381), Principal Officer (RICHARD FARB), and Website (ROCKFORDRESCUEMISSION.ORG).

Part I: Summary table with 22 rows detailing financial data. Columns include: Description, Prior Year, Current Year, and Net Assets/Fund Balances. Includes a 'RECEIVED' stamp from the IRS dated 08-01-2010.

Part II: Signature Block. Includes signature of Richard Farb, Chairman of the Board, dated 08-04-10. Also includes fields for Preparer's signature and identifying number.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No. For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SCANNED AUG 26 2010

EEA Form 990 (2008) 615 9

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

HOMELESS SHELTER, FEEDING PROGRAM, CASE MANAGEMENT, AND LIFE RECOVERY PROGRAM INCLUDING EDUCATION, VOCATIONAL TRAINING AND MEDICAL AND DENTAL CLINIC. SEE STATEMENT 8 FOR MISSION STATEMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .

Yes  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  No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 2,040,314 including grants of \$ ) (Revenue \$ 3,293,995 )  
SEE STATEMENT

4b (Code ) (Expenses \$ 533,960 including grants of \$ ) (Revenue \$ 516,356 )  
MISSION MART THRIFT STORES

4c (Code ) (Expenses \$ 116,762 including grants of \$ ) (Revenue \$ 37,657 )  
CAFE FOR VOCATIONAL TRAINING

4d Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 2,691,036 (Must equal Part IX, Line 25, column (B) )

**Part IV 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)? If "Yes," complete Schedule A . . . . .	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ? . . . . .		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I . . . . .		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I . . . . .	X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J . . . . .	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25 . . . . .		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I . . . . .		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .		X

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV . . . . .		X
28a			X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .		X
28b			X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . .		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	X	
29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .		X
34			X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
35			X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		X
37			X

Part IV Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for U.S. Information Returns (1a, 1b), gaming winnings (1c), Form W-3 (2a, 2b), unrelated business income (3a, 3b), foreign accounts (4a, 4b), prohibited tax shelter transactions (5a, 5b, 5c), solicitations (6a, 6b), deductible contributions (7a-7h), 501(c)(3) organizations (8, 9a, 9b), and 501(c)(7) organizations (10a, 10b).

Part VII Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions

Table with 11 rows of questions and 3 columns: Question, Yes, No. Includes sub-questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9a, 9b, 10, 11.

Section B. Policies

Table with 12 rows of questions and 3 columns: Question, Yes, No. Includes sub-questions 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)(c)(3)s only available for public inspection
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

715 W STATE STREET ROCKFORD, IL 61102-2203

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Former			
CHERYL PITNEY EXECUTIVE DIRECTOR	40				X	X			63,980	0	
RICHARD FARB CHAIRMAN OF THE BOARD				X					0	0	
GERALD PITNEY DIRECTOR EMERITUS							X			25,526	
T BRUCE WATSON VICE CHAIRMAN				X					0	0	
GLENN MILLER CPA TREASURER				X					0	0	
GAYLENE SEARS SECRETARY				X					0	0	
ANN DITTMAR BOARD DIRECTOR		X							0	0	
TIM FOUNTAIN BOARD DIRECTOR		X							0	0	
JOSEPH KINNEY BOARD DIRECTOR		X							0	0	
DAVID KOCH BOARD DIRECTOR		X							0	0	
MICHAEL RANGER BOARD DIRECTOR		X							0	0	
BRYAN SELANDER BOARD DIRECTOR		X							0	0	



<b>Part VIII</b>		<b>Statement of Revenue</b>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants, and similar amounts	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . . . . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	3,164,841			
	g	Noncash contributions included in lines 1a-1f \$ . . . . .		296,404			
	h	<b>Total.</b> Add lines 1a-1f . . . . .		<b>3,164,841</b>			
Program service revenue	2a		Business Code				
	RESALE SHOPS		452000	516,356	516,356		
	b RECYCLE OF BULK GOODS		900099	57,574	57,574		
	c CAFE		722210	37,657	37,657		
	d						
	e						
	f All other program service revenue . . . . .						
g		<b>Total.</b> Add lines 2a-2f . . . . .		<b>611,587</b>			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) . . . . .	34,423	34,423		
	4		Income from investment of tax-exempt bond proceeds . . . . .				
	5		Royalties . . . . .				
	6a		Gross Rents . . . . .	(i) Real	(ii) Personal		
	b		Less rental expenses . . . . .				
	c		Rental income or (loss) . . . . .				
	d		Net rental income or (loss) . . . . .				
	7a		Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other		
	b		Less cost or other basis and sales expenses . . . . .				
	c		Gain or (loss) . . . . .				
	d		Net gain or (loss) . . . . .				
	8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	161,959		
	b		Less direct expenses . . . . .	b	65,706		
	c		Net income or (loss) from fundraising events . . . . .		96,253	96,253	
	9a		Gross income from gaming activities See Part M, line 19 . . . . .	a			
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from gaming activities . . . . .					
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
b		Less cost of goods sold . . . . .	b				
c		Net income or (loss) from sales of inventory . . . . .					
		Miscellaneous Revenue	Business Code				
11a		SOFT DRINKS	900099	8,648	8,648		
b		MISC RECEIPTS	900099	6,960	6,960		
c							
d		All other revenue . . . . .					
e		<b>Total.</b> Add lines 11a-11d . . . . .		<b>15,608</b>			
12		<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		<b>3,922,712</b>	<b>757,871</b>		<b>0</b>

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV line 21 . . . . .				
2	Grants and other assistance to individuals in the U S See Part IV line 22 . . . . .	114,255	114,255		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 . . . . .				
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	89,506	57,516	15,995	15,995
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages . . . . .	1,234,088	1,031,208	124,801	78,079
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .	122,392	97,426	11,394	13,572
10	Payroll taxes . . . . .	90,668	73,137	10,186	7,345
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	29,763	4,934	4,535	20,294
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17 . . . . .	166,317			166,317
f	Investment management fees . . . . .				
g	Other . . . . .				
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	12,330	6,201	4,208	1,921
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	146,969	139,111	4,753	3,105
17	Travel . . . . .				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .	6,974	6,974		
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	162,223	151,808	5,678	4,737
23	Insurance . . . . .	56,480	46,409	6,074	3,997
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	STATEMENT 3	583,622	428,097	11,801	143,724
b	STATEMENT 4	533,960	533,960		
c					
d					
e					
f	All other expenses . . . . .				
25	<b>Total functional expenses.</b> Add lines 1 through 24f . . . . .	<b>3,349,547</b>	<b>2,691,036</b>	<b>199,425</b>	<b>459,086</b>
26	<b>Joint Costs</b> Check here <input checked="" type="checkbox"/> if following \ SOP 98-2 Complete this line only if the organization organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A)		(B)	
		Beginning of year		End of year	
A s s e t s	1	Cash - non-interest-bearing	1,042,441	1	688,138
	2	Savings and temporary cash investments	49,632	2	918,046
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	62,193	4	16,497
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	220,759	8	253,646
	9	Prepaid expenses and deferred charges	38,577	9	46,687
	10a	Land, buildings, and equipment cost basis	6,830,235		
	b	Less accumulated depreciation Complete Part VI of Schedule D	2,132,476	10c	4,697,759
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV line 11		12	
	13	Investments - program-related See Part IV line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV line 11	8,998	15	12,526
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	6,041,676	16	6,633,299	
L i a b i l i t i e s	17	Accounts payable and accrued expenses	149,049	17	169,483
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
25	Other liabilities Complete Part X of Schedule D	246,661	25	219,159	
26	<b>Total liabilities.</b> Add lines 17 through 25	395,710	26	388,642	
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 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	5,634,636	27	6,227,904
	28	Temporarily restricted net assets	11,330	28	16,753
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	5,645,966	33	6,244,657
	34	<b>Total liabilities and net assets/fund balances</b>	6,041,676	34	6,633,299

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

**Public Charity Status and Public Support**

**2008**

**Open to Public Inspection**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

ROCKFORD RESCUE MISSION MINISTRIES

Employer identification number

36-6132381

**Part I Reason for Public Charity Status** (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
- 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3) Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I
  - b  Type II
  - c  Type III-Functionally integrated
  - d  Type III-Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	2,601,521	2,450,624	2,429,846	2,648,377	3,236,421	13,366,789
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total</b> Add lines 1-3 . . . . .	2,601,521	2,450,624	2,429,846	2,648,377	3,236,421	13,366,789
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						13,366,789

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4 . . . . .	2,601,521	2,450,624	2,429,846	2,648,377	3,236,421	13,366,789
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	5,958	4,404	16,981	34,315	34,423	96,081
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .	65,139	19,019	22,302	13,754	15,608	135,822
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						13,598,692
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	611,587
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	98.29	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	15	97.04	%
16a <b>33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>		
b <b>10%-facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 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) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2008, 2007. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16%.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2008, 2007. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18%.

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. 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

20 Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV lines 6, 7, 8, 9, 10, 1, or 12.

Name of the organization

Employer identification number

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV line 6

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?, 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items, b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIV and complete the following table
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows include: 1a Beginning of year balance, b Contributions, c Investment earnings or losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the year end balance held as
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other (STMDIE), Total Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)).



**Part XII Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,922,712
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,349,547
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	573,165
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	573,165

**Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	4,059,998
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	71,580
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	65,706
e	Add lines 2a through 2d	2e	137,286
3	Subtract line 2e from line 1	3	3,922,712
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,922,712

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	3,461,307
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	71,580
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	65,706
e	Add lines 2a through 2d	2e	137,286
3	Subtract line 2e from line 1	3	3,324,021
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	25,526
c	Add lines 4a and 4b	4c	25,526
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,349,547

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Other revenues non included on Form 990 (Part XII, line 2d)

COST OF FUNDRAISING SPECIAL EVENTS \$65,706 WHICH WAS NETTED AGAINST REVENUE FOR FORM 990

PURPOSES, BUT NOT FOR GAAP FINANCIALS.

**Part XIV** Supplemental Information (continued)

**02. Other expenses not included on Form 990 (Part XIII, line 2d)**

COST OF FUNDRAISING EVENTS \$65,706 NETTED WITH REVENUE ON FORM 990 BUT NOT ON GAAP

FINANCIAL STATEMENTS.

**03. Other expenses included on Form 990 (Part XIII, line 4b)**

DEFERRED COMPENSATION EXPENSE WAS RECOGNIZED ON AUDITED FINANCIALS PER GAAP THE YEAR THE LIABILITY WAS RECORDED. CURRENT YEAR EXPENSE \$25,526 RECOGNIZED ON FORM 990.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

R e v e n u e		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<b>SPECIAL EVEN</b> (event type)	(event type)	(total number)	Add col (a) through col (c)
1	Gross receipts . . . . .	161,959			161,959
2	Less Charitable contributions . . . . .				
3	Gross revenue (line 1 minus line 2) . . . . .	161,959			161,959
D i r e c t	4 Cash prizes . . . . .				
	5 Non-cash prizes . . . . .				
	6 Rent/facility costs . . . . .				
E x p e n s e s	7 Other direct expenses . . . . .	65,706			65,706
	8 Direct expenses summary Add lines 4 through 7, column (d) . . . . .				( 65,706 )
	9 Net income summary Combine lines 3 and 8 in column (d) . . . . .				96,253

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

R e v e n u e		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1	Gross revenue . . . . .				
D i r e c t	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
E x p e n s e s	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				( )
8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . **9a**

b If "No," Explain \_\_\_\_\_

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

b If "Yes," Explain \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? . . . . . **11**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . **12**



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV appraisal, other)	(f) Description of non-cash assistance
LIFE RECOVERY PROGRAMS	162		73,143	BOOK	1, 2, 3, 4, 5, & 6 PER BELOW
CRISIS SHELTER	935		17,321	BOOK	CASE MANAGEMENT & SHELTER
FEEDING PROGRAM	1,113		18,636	BOOK	3 MEALS A DAY/365 DAYS
EDUCATION PROGRAM	41		5,155	BOOK	FORMAL EDUCATION THRU GED
1 = CASE MANAGEMENT, 2 = EDUCATION					
3 = RECREATION, 4 = TRANSPORTATION					
5 = HOUSING, & 6 = MEDICAL CARE					

**Part IV. Supplemental information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

01. Monitoring procedures (Part I, line 2)

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV line 23.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization  
**ROCKFORD RESCUE MISSION MINISTRIES**

Employer identification number  
**36-6132381**

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

- 3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.
- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:
- a** Receive a severance payment or change of control payment? . . . . .
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
  - c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.**

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? . . . . .
  - b** Any related organization? . . . . .
- If "Yes," to line 5a or 5b, describe in Part III.

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? . . . . .
  - b** Any related organization? . . . . .
- If "Yes," to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X

**(Part II) Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed  
 For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	(iv) Other compensation				
GERALD PITNEY	(i)				25,526		25,526	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2008

Open to Public  
Inspection

To be completed by organizations that answered "Yes"  
on Form 990, Part IV lines 29 or 30.  
Attach to Form 990

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .				
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		71,580	ON SCH M
6 Cars and other vehicles . . . . .	X		0	
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .				
10 Securities-Closely held stock . . . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate-Residential . . . . .				
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV Donee Acknowledgement . . . . . 29

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

SCHEDULE O  
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service  
Name of the organization

▶ Attach to Form 990. To be completed by organizations to provide  
additional information for responses to specific questions for the  
Form 990 or to provide any additional information.

Employer identification number  
36-6132381

ROCKFORD RESCUE MISSION MINISTRIES

01 Form 990 governing body review (Part VI, line 10)

FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THEN DISTRIBUTED TO THE FULL BOARD OF  
DIRECTORS FOR APPROVAL.

02 Conflict of interest policy compliance (Part VI, line 12c)

THE BOARD OF DIRECTORS SIGNS OFF A CONFLICT OF INTEREST POLICY ANNUALLY. THE BOARD HAS  
ESTABLISHED CLEAR GUIDELINES TO FOLLOW SHOULD A CONFLICT OF INTEREST ARISE.

03 CEO, executive director, top management comp (Part VI, line 15a)

THE BOARD OF DIRECTORS REVIEWS AND DETERMINES THE EXECUTIVE DIRECTOR'S COMPENSATION  
YEARLY.

04. Other officer or key employee compensation (Part VI, line 15b)

THE EXECUTIVE DIRECTOR AND HR DIRECTOR REVIEW AND DETERMINE KEY EMPLOYEE COMPENSATION  
WHICH IS PRESENTED TO THE PERSONNEL COMMITTEE TO REVIEW AND THE BOARD OF DIRECTORS FOR  
APPROVAL YEARLY.

05. Governing documents, etc, available to public (Part VI, line 19)

FORM 990 WITH THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON  
REQUEST.

06. Significant program services not listed on prior year return (Part III, line 2)

FORM 990, PART III, 2

THE ROCKFORD RESCUE MISSION ADDED TWO PROGRAMS IN THE FISCAL YEAR. THE FIRST IS A  
VOCATIONAL TRAINING PROGRAM FOR LIFE RECOVERY RESIDENTS. THE PROGRAM IS IN A CAFE SETTING

Name of the organization

Employer identification number

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

AND TEACHES TRAINEES SKILLS SUCH AS FOOD HANDLING AND SANITATION, HOUSEKEEPING, AND  
CUSTOMER SERVICE. THE SECOND IS A WOMEN'S CRISIS CENTER. WOMEN AND CHILDREN ARE PROVIDED  
SHELTER AND MEALS. IN ADDITION, CASE MANAGEMENT IS REQUIRED TO HELP FIND AFFORDABLE  
HOUSING AND JOB OPPORTUNITIES.

**Federal Supporting Statements**

**2008 PG01**

Name(s) as shown on return

FEIN

**ROCKFORD RESCUE MISSION MINISTRIES**

**36-6132381**

FORM 990, SCHEDULE D, PART VI, LINE 1E  
INVESTMENTS - OTHER

STATEMENT #D1E

<u>DESCRIPTION OF INVESTMENT</u>	<u>COST/BASIS (INVESTMENT)</u>	<u>COST/BASIS (OTHER)</u>	<u>DEPR</u>	<u>BOOK VALUE</u>
LAND, BLDGS, EQUIP	<u>6,830,235</u>	<u>0</u>	<u>2,132,476</u>	<u>4,697,759</u>
TOTAL	<u><u>6,830,235</u></u>	<u><u>0</u></u>	<u><u>2,132,476</u></u>	<u><u>4,697,759</u></u>

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

FORM 990 2008-9

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	68,452	64,057	2,003	2,392
EQUIPMENT REPAIRS	9,324	9,226	83	15
DONATED FOOD, CLOTHES HOUSEWARES	282,361	282,361		
EDUCATION/AWARENESS	12,741	11,529	909	303
POSTAGE	87,953	616	792	86,545
TELEPHONE EXPENSE	13,574	10,701	1,426	1,447
SMALL EQUIPMENT	5,069	5,045	15	9
MISCELLANEOUS	117	45	67	5
OTHER EMPLOYEE EXP	6,254		6,254	
PROMOTION, PUBLICATIONS	86,066	34,361		51,705
R/E TAXES	146		146	
VEHICLE OPERATIONS	10,049	8,640	106	1,303
VOLUNTEER OPERATIONS	<u>1,516</u>	<u>1,516</u>		
 TOTAL TO FM 990, PART IX, LN 24a	 <u>583,622</u>	 <u>428,097</u>	 <u>11,801</u>	 <u>143,724</u>

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

FORM 990 2008-9MISSION MART THRIFT STORESSTATEMENT 4

<u>DESCRIPTION</u>	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING</u>
ADVERTISING	1,662	1,662		
BUILDING MAINTENANCE & SUPPLIES	8,433	8,433		
BUILDING INSURANCE	729	729		
BUILDING RENTAL	98,880	98,880		
DEPRECIATION	10,509	10,509		
EDUCATION	122	122		
EQUIPMENT REPAIRS	902	902		
HEALTH, DISABILITY, & FLEX INS.	25,340	25,340		
LIABILITY & OTHER INSURANCE	1,900	1,900		
OFFICE SUPPLIES & SERVICES	1,201	1,201		
PAYROLL TAXES	17,602	17,602		
POSTAGE	112	112		
PURCHASED ITEMS FOR RESALE	25,194	25,194		
SALARIES & WAGES	250,062	250,062		
SMALL EQUIPMENT PURCHASES	735	735		
RETAIL SUPPLIES	2,129	2,129		
OTHER SUPPLIES	11,603	11,603		
TELEPHONE	1,648	1,648		
UTILITIES	60,919	60,919		
VEHICLE INSURANCE	1,998	1,998		
VEHICLE OPERATION	4,438	4,438		
MISCELLANEOUS	436	436		
WORKER'S COMPENSATION INS.	7,406	<u>7,406</u>		
TOTAL TO FM 990, LN 43	<u>533,960</u>	<u>533,960</u>	0	0

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

Form 990 - 2008-9

BALANCE SHEET  
OTHER LIABILITIES

STATEMENT 7

<u>DESCRIPTION</u>	<u>BEGINNING</u> <u>OF YEAR</u>	<u>END</u> <u>OF YEAR</u>
FUNDS HELD FOR RESIDENTS	44	0
ACCRUED LONG-TERM COMPENSATION	<u>246,617</u>	<u>219,159</u>
TOTAL TO FORM 990, PART IV, LINE 65	<u>246,661</u>	<u>219,159</u>

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

Form 990 - 2008-9

PART III #1

STATEMENT 8

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STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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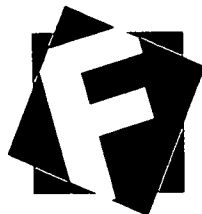
BOARD APPROVED MISSION STATEMENT

ROCKFORD RESCUE MISSION SHARES HOPE AND HELP IN JESUS' NAME TO MOVE PEOPLE FROM HOMELESSNESS AND DESPAIR TOWARD PERSONAL AND SPIRITUAL WHOLENESS.

# **Rockford Rescue Mission Ministries**

## **Audited Financial Statements**

For the years ended September 30, 2009 and 2008



**Farrell & Associates CPAs, LLC**

# Rockford Rescue Mission Ministries

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## Farrell & Associates CPAs, LLC

Edgebrook Center  
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Rockford, IL 61107

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[www.farrellcpas.com](http://www.farrellcpas.com)

## Independent Auditors' Report

To the Board of Directors of  
Rockford Rescue Mission Ministries  
Rockford, Illinois

We have audited the accompanying statements of financial position of Rockford Rescue Mission Ministries as of September 30, 2009 and 2008, and the related statements of activities, cash flows, and functional expenses for the years then ended, as well as the supplemental schedules on page 14. These financial statements are the responsibility of Rockford Rescue Mission Ministries' management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Rockford Rescue Mission Ministries at September 30, 2009 and 2008, and the changes in its net assets and its cash flows for the years then ended, respectively, in conformity with accounting principles generally accepted in the United States of America.

*Farrell & Associates CPAs, LLC*

Certified Public Accountants

Rockford, Illinois  
January 8, 2010

# Rockford Rescue Mission Ministries

## Statements of Financial Position

<i>September 30,</i>	<i>2009</i>	<i>2008</i>
<b>Assets</b>		
<b>Current assets</b>		
Cash and cash equivalents (Note 1)	\$ 688,138	\$ 1,042,397
Board designated accounts	918,046	49,632
Residents' funds held in trust	-	44
Accounts receivable (Note 10)	11,247	57,193
Pledges receivable (Note 4)	5,250	5,000
Inventories (Notes 1 and 3)	253,646	220,759
Prepaid expenses	46,687	38,577
<b>Total current assets</b>	<b>1,923,014</b>	<b>1,413,602</b>
<b>Property, plant, and equipment, less accumulated depreciation (Notes 1 and 5)</b>	<b>4,697,759</b>	<b>4,619,076</b>
<b>Other assets</b>		
Gift cards	5,725	7,398
Deposits	6,801	1,600
<b>Total other assets</b>	<b>12,526</b>	<b>8,998</b>
<b>Total assets</b>	<b>\$ 6,633,299</b>	<b>\$ 6,041,676</b>

<i>September 30,</i>	<i>2009</i>	<i>2008</i>
<b>Liabilities and net assets</b>		
<b>Current liabilities</b>		
Accounts payable	\$ 56,966	\$ 17,403
Accrued payroll	101,794	123,856
Residents' funds held in trust	-	44
Other accrued expenses	10,723	7,790
Current portion of deferred compensation (Note 9)	27,330	25,526
<b>Total current liabilities</b>	<b>196,813</b>	<b>174,619</b>
<b>Deferred compensation, less current portion (Note 9)</b>	<b>191,829</b>	<b>221,091</b>
<b>Total liabilities</b>	<b>388,642</b>	<b>395,710</b>
<b>Net assets</b>		
Unrestricted		
Board designated	918,046	49,632
Undesignated	5,309,858	5,585,004
Temporarily restricted (Note 12)	16,753	11,330
<b>Total net assets</b>	<b>6,244,657</b>	<b>5,645,966</b>
<b>Total liabilities and net assets</b>	<b>\$ 6,633,299</b>	<b>\$ 6,041,676</b>

*See accompanying independent auditors' report and notes to financial statements*

# Rockford Rescue Mission Ministries

## Statements of Activities

Years ended September 30,

2009

2008

	2009			2008		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
<b>Support and revenue:</b>						
Public support	\$ 2,990,435	\$ 39,961	\$ 3,030,396	\$ 2,535,198	\$ 34,436	\$ 2,569,634
In-kind contributions	367,984	-	367,984	342,779	-	342,779
Sales from resale shops	516,356	-	516,356	467,574	-	467,574
Sales of bulk clothing and recycled materials	57,574	-	57,574	63,148	-	63,148
Café sales	37,657	-	37,657	-	-	-
Interest income	34,423	-	34,423	34,315	-	34,315
Vending	8,648	-	8,648	6,739	-	6,739
Other revenue	6,960	-	6,960	9,754	-	9,754
Loss on sale of property and equipment	-	-	-	(1,012)	-	(1,012)
Net assets released from restrictions	34,538	(34,538)	-	28,932	(28,932)	-
<b>Total support and revenue</b>	<b>4,054,575</b>	<b>5,423</b>	<b>4,059,998</b>	<b>3,487,427</b>	<b>5,504</b>	<b>3,492,931</b>
<b>Expenses</b>						
Program services	2,701,510	-	2,701,510	2,833,172	-	2,833,172
Supporting services						
Management and general	231,030	-	231,030	119,577	-	119,577
Fundraising	528,767	-	528,767	381,368	-	381,368
<b>Total supporting services</b>	<b>759,797</b>	<b>-</b>	<b>759,797</b>	<b>500,945</b>	<b>-</b>	<b>500,945</b>
<b>Total expenses</b>	<b>3,461,307</b>	<b>-</b>	<b>3,461,307</b>	<b>3,334,117</b>	<b>-</b>	<b>3,334,117</b>
<b>Increase in net assets</b>	<b>593,268</b>	<b>5,423</b>	<b>598,691</b>	<b>153,310</b>	<b>5,504</b>	<b>158,814</b>
<b>Net assets, beginning of period</b>	<b>5,634,636</b>	<b>11,330</b>	<b>5,645,966</b>	<b>5,481,326</b>	<b>5,826</b>	<b>5,487,152</b>
<b>Net assets, end of period</b>	<b>\$ 6,227,904</b>	<b>\$ 16,753</b>	<b>\$ 6,244,657</b>	<b>\$ 5,634,636</b>	<b>\$ 11,330</b>	<b>\$ 5,645,966</b>

See accompanying independent auditors' report and notes to financial statements

# Rockford Rescue Mission Ministries

## Statements of Cash Flows

<i>Years ended September 30,</i>	<i>2009</i>	<i>2008</i>
<b>Cash flows from operating activities</b>		
Change in net assets	\$ 598,691	\$ 158,814
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Loss on disposal of property, plant, and equipment	-	1,012
Depreciation including resale shops' depreciation of \$10,509 and \$9,292, respectively	172,732	175,901
(Increase) decrease in assets:		
Accounts and pledges receivable	45,696	48,597
Inventories	(32,887)	32,288
Prepaid expenses	(8,110)	4,132
Other assets	(3,528)	5,031
Increase (decrease) in liabilities		
Accounts payable	39,563	(10,939)
Accrued expenses and other liabilities	(46,587)	116,813
<b>Net cash provided by operating activities</b>	<b>765,570</b>	<b>531,649</b>
<b>Cash flows from investing activities</b>		
Purchases of property, plant, and equipment	(251,415)	(261,550)
Net proceeds from disposal of property, plant, and equipment	-	537
Funds transferred to Board designated account	(868,414)	(2,837)
<b>Net cash used in investing activities</b>	<b>(1,119,829)</b>	<b>(263,850)</b>
<b>Net (decrease) increase in cash and cash equivalents</b>	<b>(354,259)</b>	<b>267,799</b>
<b>Cash and cash equivalents, beginning of period</b>	<b>1,042,397</b>	<b>774,598</b>
<b>Cash and cash equivalents, end of period</b>	<b>\$ 688,138</b>	<b>\$ 1,042,397</b>

*See accompanying independent auditors' report and notes to financial statements*

# Rockford Rescue Mission Ministries

## Statements of Functional Expenses

Years ended September 30,

2009

	<i>Program Services</i>	<i>Management and General</i>	<i>Fund- raising</i>	<i>Total</i>
Building maintenance and supplies	\$ 64,057	\$ 2,003	\$ 2,392	\$ 68,452
Building insurance	8,017	273	91	8,381
Building rental	7,653	-	-	7,653
Client assistance, including supplies	114,255	-	-	114,255
Depreciation	151,808	5,678	4,737	162,223
Direct mail	-	-	166,317	166,317
Donated food	282,361	-	-	282,361
Donated professional services	35,793	31,605	3,975	71,373
Education	11,529	909	303	12,741
Employee and board activities	-	6,254	-	6,254
Equipment repairs	9,226	83	15	9,324
Health insurance	97,426	11,394	13,572	122,392
Interest	6,974	-	-	6,974
Liability insurance	8,987	2,634	717	12,338
Office supplies and services	6,201	4,208	1,921	12,330
Other promotional activities	34,361	-	51,705	86,066
Payroll taxes	73,137	10,186	7,345	90,668
Postage	616	792	86,545	87,953
Professional fees	4,934	4,535	20,294	29,763
Real estate taxes	-	146	-	146
Resale store expenses	534,167	-	-	534,167
Salaries and wages	1,063,198	140,796	94,074	1,298,068
Small equipment purchases	5,045	15	9	5,069
Special events	-	-	65,706	65,706
Telephone	10,701	1,426	1,447	13,574
Utilities	131,458	4,753	3,105	139,316
Vehicle insurance	4,556	114	143	4,813
Vehicle operation	8,640	106	1,303	10,049
Volunteer operations	1,516	-	-	1,516
Workers' compensation insurance	24,849	3,053	3,046	30,948
Miscellaneous	45	67	5	117
<b>Total functional expenses</b>	<b>\$ 2,701,510</b>	<b>\$ 231,030</b>	<b>\$ 528,767</b>	<b>\$ 3,461,307</b>

2008

	<i>Program Services</i>	<i>Management and General</i>	<i>Fund- raising</i>	<i>Total</i>
Building maintenance and supplies	\$ 69,377	\$ 2,755	\$ 1,818	\$ 73,950
Building insurance	8,822	289	134	9,245
Client assistance, including supplies	81,813	-	-	81,813
Depreciation	156,767	5,851	3,992	166,610
Direct mail	-	-	163,347	163,347
Donated food	320,487	-	-	320,487
Donated professional services	44,247	24,125	1,593	69,965
Education	9,936	381	1,416	11,733
Employee and board activities	-	4,209	-	4,209
Equipment repairs	7,523	61	19	7,603
Health insurance	77,637	13,486	9,477	100,600
Interest	10,104	918	459	11,481
Liability insurance	10,128	2,898	839	13,865
Office supplies and services	4,572	3,501	2,073	10,146
Other promotional activities	54,141	-	36,340	90,481
Payroll taxes	74,514	10,569	1,864	86,947
Postage	628	538	76,588	77,754
Professional fees	6,483	11,612	7,150	25,245
Real estate taxes	(1,985)	130	-	(1,855)
Resale store expenses	438,277	-	-	438,277
Salaries and wages	1,057,611	154,679	26,544	1,238,834
Small equipment purchases	3,973	533	344	4,850
Special events	16,400	-	38,885	55,285
Telephone	8,362	1,443	2,176	11,981
Utilities	107,805	5,184	2,723	115,712
Vehicle insurance	5,307	221	320	5,848
Vehicle operation	7,090	292	1,528	8,910
Volunteer operations	4,079	-	-	4,079
Workers' compensation insurance	14,641	1,734	1,726	18,101
Deferred compensation expense	234,286	(126,472)	-	107,814
Miscellaneous	147	640	13	800
<b>Total functional expenses</b>	<b>\$ 2,833,172</b>	<b>\$ 119,577</b>	<b>\$ 381,368</b>	<b>\$ 3,334,117</b>

See accompanying independent auditors' report and notes to financial statements

# Rockford Rescue Mission Ministries

## Notes to Financial Statements

### Note 1. Nature of Operations and Summary of Significant Accounting Policies

#### Nature of Operations

Rockford Rescue Mission Ministries (the Mission) was organized as a not-for-profit corporation in 1964 under the laws of the State of Illinois. The Mission's purpose is to conduct an interdenominational mission to aid, assist, and care for men, women, and children by furnishing a temporary home and job placement and contributions to the uplift of such persons by providing to anyone in need with meals, lodging, clothing, home furnishings, individual and family counseling, education, and advocacy.

The Mission operates two resale shops in Rockford doing business as "Mission Mart".

The Mission operates a café in Rockford doing business as "Restoration Café".

#### Promises to Give

Unconditional contributions from individuals are recognized when received, except in the case of a bequest, when the contribution is recognized at the time of legal notification. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions are met in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction is met, temporarily restricted net assets are reclassified to unrestricted net assets.

Unconditional contributions from companies or organizations are recognized when the pledge is made to the Mission. The same policies are followed for unrestricted and restricted contributions as above.

#### Cash and Cash Equivalents

The Mission considers depository accounts with an original maturity of twelve months or less to be cash and cash equivalents. The Mission has funds on deposit with several banks which exceed the federal depository insurance limit as of September 30, 2009 and 2008. Management believes that the credit risk related to these balances is minimal.

# Rockford Rescue Mission Ministries

## Notes to Financial Statements

### **Board Designated Accounts**

The Board elected in 2009 to reserve \$853,315 in cash to cover three months of budgeted cash operating expenses in a Board designated account named "Recession and Emergency Reserve." The cash reserve will allow the Mission to continue operating for a minimum of three months if a disaster were to occur or if a major long-term unforeseen recession or negative revenue or expense trend were to be incurred.

The Board elected to reserve cash for an endowment fund or foundation with cash balances of \$64,731 and \$49,632 as of September 30, 2009 and 2008, respectively.

### **Donated Inventory and Other Assets**

Donated inventory of food, property, plant, equipment, and other assets are recognized as support at their estimated fair market values on the date they are received. Donated clothing and housewares sold through the Mission Mart's resale shops are recognized as sales, and are not recorded in inventory, except as an adjustment at year end. Net increases in donated clothing and housewares at the retail stores are recognized as unrestricted support at year end. Net decreases are recognized as adjustments to decrease sales from the Mission Mart's resale shops. Donated clothing and housewares given to clients are recognized at estimated fair market value at the time of transfer.

### **Donated Services**

The Mission uses the services of a number of volunteers to assist its staff. No amounts have been reflected in the financial statements for these donated services, as no objective basis is available to measure the value of such services. Such amounts would have no net effect on the statements of activities.

Donated professional service fees are recorded as unrestricted support at the time the services are rendered at their estimated fair market value.

# Rockford Rescue Mission Ministries

## Notes to Financial Statements

### Property, Plant, and Equipment

Expenditures for acquisition of property and equipment in excess of \$5,000 and \$2,000, respectively, are capitalized at cost or estimated value at time of donation. Depreciation is determined by the straight-line method, over the following estimated lives:

	<u>Years</u>
Buildings and improvements	5 – 40
Parking lots	15
Kitchen equipment	7 – 20
Program furnishings and equipment	5 – 10
Vehicles	3 – 5
Musical instruments and sound equipment	5 – 10
Office equipment	5 – 10
Tools and equipment	5 – 10
Computer equipment	3 – 5
Store fixtures and equipment	5 – 10

### Income Taxes

The Internal Revenue Service has determined that the Mission qualifies for exemption from federal income tax under Internal Revenue Code Section 501(c)(3) as other than a private foundation.

### Estimates

The accompanying financial statements include estimated amounts and disclosures based on management assumptions about future events. Actual results could differ from those estimates.

### Reclassifications

Certain reclassifications have been made to 2008 balances to be consistent with 2009 presentation.

# Rockford Rescue Mission Ministries

## Notes to Financial Statements

### Note 2. Related Party Transactions

One relative of the executive director provided employment services to the Mission during the years ended September 30, 2009 and 2008, in the amounts of approximately \$16,752 and \$316, respectively.

The Mission leased space for the Healing Place program from relatives of the executive director. Rental fees of \$13,750 were paid for the year ended September 30, 2008. The lease expired September 30, 2008, and was not renewed.

### Note 3. Inventories

Inventories at September 30, 2009 and 2008, consist of the following:

<i>September 30,</i>		<i>2009</i>		<i>2008</i>
Donated food and supplies	\$	22,650	\$	26,702
Vocational training food and supplies		8,262		-
Donated clothing and housewares, intended for resale		218,651		190,103
Music and books		4,083		3,954
Total inventories	\$	253,646	\$	220,759

### Note 4. Pledges Receivable

The Mission received a pledge from a local company for \$5,000 to be received in \$1,000 payments annually over a five-year period, beginning in October 2008.

Additionally, the Mission received a \$3,000 pledge from a local church in fiscal year 2009, to be paid monthly over a 12-month period beginning in March 2009.

The receivable balances of the pledges were \$5,250 and \$5,000 at September 30, 2009 and 2008, respectively.

# Rockford Rescue Mission Ministries

## Notes to Financial Statements

### Note 5. Property, Plant, and Equipment

Property, plant, and equipment consist of the following:

<i>September 30,</i>		<i>2009</i>		<i>2008</i>
Land	\$	539,507	\$	539,507
Building and improvements		5,492,402		5,116,256
Parking lots		16,049		16,049
Kitchen equipment		105,186		105,186
Program furnishings and equipment		279,910		264,785
Vehicles		73,083		73,083
Musical instruments and sound equipment		13,675		13,675
Office equipment		91,292		91,291
Tools and equipment		42,082		39,276
Computer equipment		83,636		68,491
Store fixtures and equipment		93,413		34,220
Projects in process		-		218,498
Total property, plant, and equipment		6,830,235		6,580,317
Accumulated depreciation		(2,132,476)		(1,961,241)
Net property, plant, and equipment	\$	4,697,759	\$	4,619,076

### Note 6. Line-of-Credit

At September 30, 2009 and 2008, the Mission had an unused line-of-credit for \$1,000,000 with a bank. The interest rate at September 30, 2009 and 2008, was 4.50 percent and 5.50 percent, respectively. The agreement will expire March 17, 2010. The line is secured by promises to give and property, plant, and equipment.

# Rockford Rescue Mission Ministries

## Notes to Financial Statements

### **Note 7. Commitments**

The Mission leases rental space for its Rockford Southgate store, the Life Recovery Programs, and its Women's Crisis Center. The Southgate lease was renewed in September 2008, and expires in August 2011. The Life Recovery Programs' lease began in June 2008 and expires in May 2010. The Women's Center lease began in August 2009 and expires in July 2011. Minimum rental commitments are \$182,964 for the year ended September 30, 2010 and \$128,910 for the year ended September 30, 2011. Rent expense for the years ended September 30, 2009 and 2008, was \$141,196 and \$80,215, respectively.

### **Note 8. Retirement Plan**

The Mission has a qualified retirement plan under section 403(b) of the Internal Revenue Code, whereby employees may make voluntary contributions. The plan allows the Mission to make discretionary contributions. The Mission made no discretionary contributions during the years ended September 30, 2009 and 2008.

### **Note 9. Deferred Compensation**

Deferred compensation represents the present value of compensation granted to a Co-founder during 2008 for prior service. Such compensation represents payments of \$32,500 annually for the life of the employee. The present value is determined at an annual rate of 3.00 percent using published life expectancy tables.

# Rockford Rescue Mission Ministries

## Notes to Financial Statements

Future principal payments required for the deferred compensation are as follows:

<i>Years ending September 30,</i>	
2010	\$ 27,330
2011	27,135
2012	27,960
2013	28,811
2014	29,688
Thereafter	78,235
	<hr/>
	\$ 219,159

### **Note 10. Receivable from Winnebago County**

In an agreement signed August 5, 2004, Winnebago County agreed to pay \$75,000 to the Mission if an adjacent street was not vacated by February 5, 2005, for the Mission to use for parking at their facility. This agreement was made so that the County could have a piece of property that the Mission owned to be used for building purposes by the County. As of September 30, 2009 and 2008, the balance due from the County was \$0 and \$50,000, respectively, and is included in accounts receivable on the statements of financial position.

### **Note 11. Supplemental Cash Flow Information**

Cash paid for interest expense was \$6,974 and \$11,481 for the years ended September 30, 2009 and 2008, respectively.

# Rockford Rescue Mission Ministries

## Notes to Financial Statements

### Note 12. Restricted Net Assets

Temporarily restricted net assets consist of the following at September 30, 2009 and 2008:

<i>September 30,</i>		<i>2009</i>		<i>2008</i>
Art for residents	\$	-	\$	18
Programs		16,753		2,507
County of Winnebago grant for case worker		-		8,805
Total temporarily restricted net assets	\$	16,753	\$	11,330

### Note 13. Subsequent Events

Subsequent events are events or transactions that occur after the statement of financial position date but before financial statements are issued or are available to be issued. These events and transactions either provide additional evidence about conditions that existed at the date of the statement of financial position, including the estimates inherent in the process of preparing financial statements (that is, recognized subsequent events), or provide evidence about conditions that did not exist at the date of the statement of financial position but arose after that date (that is, non-recognized subsequent events).

The Mission has evaluated subsequent events through January 8, 2010, which was the date of this report, and determined that there were no significant non-recognized subsequent events through that date.

# Rockford Rescue Mission Ministries

## Supplemental Schedules of Resale Store Expenses

<i>Years ended September 30,</i>		<b>2009</b>		<b>2008</b>
Advertising	\$	1,662	\$	2,629
Building maintenance and supplies		8,433		11,657
Building insurance		729		756
Building rental		98,880		60,300
Depreciation		10,509		9,292
Donated professional services		207		475
Education		122		676
Equipment repairs		902		173
Health insurance		25,340		23,950
Liability insurance		1,900		2,002
Office supplies and services		1,201		495
Payroll taxes		17,602		14,797
Postage		112		18
Purchased items for resale		25,194		-
Salaries and wages		250,062		222,480
Small equipment purchases		735		3,767
Retail supplies		2,129		2,545
Other supplies		11,603		12,569
Telephone		1,648		1,757
Utilities		60,919		56,813
Vehicle insurance		1,998		2,171
Vehicle operation		4,438		4,302
Workers' compensation insurance		7,406		4,152
Miscellaneous		436		501
<b>Total resale store expenses</b>	<b>\$</b>	<b>534,167</b>	<b>\$</b>	<b>438,277</b>

See accompanying independent auditors' report

**ROCKFORD RESCUE MISSION**  
**STATEMENT OF MINISTRIES**  
**OCTOBER 2008-SEPTEMBER 2009**

**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 1,839. Held nightly required chapels and the staff conducted 5,560 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 49,158 total nights of lodging.

**Meals:** Food service provided meals three times each day for a total of 135,494 served.

**Crisis Services:** Men's Crisis served 1,075 different men; Employment secured: 112; Stable Housing secured: 165. Women's Crisis served 175 (no housing or employment).

**Life Recovery Services:** Men's & Women's Life Recovery served 162 men and women. Education: 105 assessments were given, 4 received a GED & 27 enrolled in further education/job training. Career Employment enrolled 30. Medical, Chiropractic and Dental sessions: 2,496.

**Volunteer Services:** Recorded hours totaled 30,330 hours during 8,877 occasions by 4,833 individuals & 583 groups.

**Mission Mart Thrift Store:** The community gave 6,449 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 \$3.9 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?*  
I John 3.16, 17

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

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, 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 715 W STATE STREET, IL 61102-2203

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05-17, 20 10, 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, 20 08, and ending 09-30, 20 09

2 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, 3b, 3c) and 2 columns (description, amount). 3a: tentative tax less nonrefundable credits. 3b: refundable credits and estimated tax payments. 3c: Balance Due.

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>ROCKFORD RESCUE MISSION</b>	Employer identification number <b>36 : 6132381</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>P.O BOX 1958</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>ROCKFORD, IL 61110-0458</b>	

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

- |  |  |                                      |                                    |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                             | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ▶ **JAN DANAHER**  
Telephone No ▶ ( **815** ) **965-5332** FAX No ▶ ( **815** ) **965-0033**
- 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 is for

- 4 I request an additional 3-month extension of time until AUGUST 15, 2010
- 5 For calendar year \_\_\_\_\_, or other tax year beginning OCTOBER 1, 2008, and ending SEPTEMBER 30, 2009
- 6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE FORM 990 THIS IS THE FIRST YEAR WE HAVE COMPLETED THE NEW FORM 990, AND, IN ADDITION, WE NEEDED TO AMEND OUR PRIOR YEAR RETURN BEFORE THIS YEAR'S RETURN COULD BE COMPLETED

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	<b>8a</b> \$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b> \$
<b>c Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>8c</b> \$

**Signature and Verification**

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form

Signature ▶  Title ▶ CHAIRMAN Date ▶ 5/12/10