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

2017

Departn	nent of the	Treasury
Internal	Revenue	Service

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

Open to Public

		nue Service	► Go to w	ww.irs.gov/Form990 for instr	ructions ar	nd the latest inf	ormation.	X.)	Inspection			
A	For th	e 2017 calend	ar year, or tax year begin	ning	10-01	L , 2017, and e	nding	09-3	30 ,2018			
В	Check if	applicable	C Name of organization ROCK	FORD RESCUE MISSION	MINISTR	RIES		٥	Employer identification no			
	Address	change	Doing business as					3	6-6132381			
J	Name cl	nange	Number and street (or P O bo	x if mail is not delivered to street address	;)	ج. ۾.	Room/suite	E	Telephone number			
	Initial ret	um	PO BOX 1958					(815)965-5332			
	Final ret	urn/terminated	City or town, state or province,	country, and ZIP or foreign postal code		e e v ser		G	Gross receipts			
	Amende	mended return Rockford, IL 61110-0458							\$ 6,896,217			
	Applicati	on pending	F Name and address of principal	officer	- National States	ratin ¹⁹	H(a) Is this a group	p return for su	ubordinates? Yes X No			
					ACCOUNTED TO THE PARTY OF THE P	- 2	H(b) Are all sub	ordinates in	ncluded? 🔲 Yes 🗌 No			
<u></u>	Tax-exe	mpt status X	501(c)(3) 501(c) () ◀ (insert no)	or 52		If "No,"	attach a lis	st (see instructions)			
<u>J</u>	Website	▶ roc	kfordrescuemissio	on.org			H(c) Group exc	emplion nu	mber >			
		organization X	Corporation Trust Ass	ociation Other ►	L	Year of formation 1	.964 M State	e of legal d	omicile IL			
Pa	rt I	Summar	у			_						
	1	Briefly descr	ibe the organization's miss	on or most significant activities	ROCKE	FORD RESCUE	MISSION SH	ARES	HOPE AND HELP			
a		IN JESUS' NAME TO MOVE PEOPLE FROM HOMELESSNESS AND DESPAIR TOWARD PERSONAL AND SP										
auc		WHOLENES	S. ALSO, SEE SCH	EDULE O FOR ORGANIZA	TION'S	SIGNIFICAN	T ACTIVITIE	s.				
& Governance						/						
Š	2			discontinued its operations or o	disposed of	more than 25%	of its net assets					
≪5	3			3 , , , , , ,				3	11			
es	4		•	s of the governing body (Part V	•			-	11			
Activities	5		· ·	ı calendar year 2017 (Part V, lır				5	108			
Act	6		r of volunteers (estimate if	**				6	526			
	7a			Part VIII, column (C), line 12				7a	0			
	ļ t	Net unrelate	d business taxable income	from Form 990-T, line 34 .	<u> </u>	<u> </u>		7b	0			
o).							Prior Year		Current Year			
	8			1h)		Г	4,669	1	5,673,701			
Revenue	9	-	·	e 2g)				951	1,190,947			
eve	10	Investment in	7,594	18,974								
œ		11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) (1 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,71										
	12			•••				2,929	6,847,367			
	13			X, column (A), lines 1-3)			10,	7,371	125,628			
	14		to or for members (Part I)	e benefits (Parl IX, colប៉ុក្សា-(A),[1565 671M	-```	2 170	701	2 765 021			
es	15					_;;	2,170		2,765,931			
Expenses			sing expenses (Part IX, co	column (A), line 11 e)		296142	3/3	9,436	328,090			
Ϋ́				nes 11a-11d, 11624e) MAR. 2			3,042	796	3,288,614			
	18	Total expens	ses (Fart IX, coldinit (X), in	equal Part IX, column (A), line	25)	18.	5,700		6,508,263			
	19			18 from line 12 O.G.D.E				2,625	339,104			
		Trevende ies	o expenses - Cabinati IIIIe	10 HOHE 12	<u> </u>		Beginning of Curren		End of Year			
Net Assets or	20	Total assets	(Part X line 16)				16,049		17,430,317			
Asse	21		• •				1,657		1,662,307			
ž	22		· ·	line 21 from line 20			14,391		15,768,010			
	ırt II		re Block									
Und	er penal	ties of perjury, I dea	clare that I have examined this retu	m, including accompanying schedules an			knowledge and belief,	ıt ıs				
_true	, correct	, and complete Dec	claration of preparer (other than off	cen is based on all information of which i	preparer has ar	ny knowledge						
Ž		N 97	JU Vall 1		-				3/17/19			
Sig	ın	Signatur	e of officer					Date				
Нe	re	BRAD	VANDER HEYDEN, C	HAIRMAN								
Z	n re d epare	Type or	print name and title									
4		Print/Type pre	parer's name	Preparer's signature		Date	Check	ıf PT	IN			
Ŗġi	d				o	3-06-2019	self-employ	ed				
Ρ'n	pare	Firm's name	▶	· · · · ·			Firm's EIN ▶					
Us	e Oni	y Firm's addres	s •	1			Phone no					
			<u> </u>									
May	the IS	S discuss this	return with the preparer sh	own above? (see instructions)					☐ Yes ☒ No ✓			

	rt III Statement of Program Service Accomplishments
<u> </u>	
1	Check if Schedule O contains a response or note to any line in this Part III
•	· · · · · · · · · · · · · · · · · · ·
	ROCKFORD RESCUE MISSION SHARES HOPE AND HELP IN JESUS' NAME TO MOVE PEOPLE FROM HOMELESSNESS AND DESPAIR TOWARD PERSONAL AND SPIRITUAL WHOLENESS. ALSO, SEE SCHEDULE O FOR ORGANIZATION'S
	SIGNIFICANT ACTIVITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$4,405,594 including grants of \$ 164,185) (Revenue \$ 101,566)
	OUR HOMELESS SHELTER PROVIDED SHELTER FOR 940 MEN AND 706 WOMEN AND CHILDREN. CASE MANAGEMENT
	WAS PROVIDED TO EVERYONE IN OUR HOMELESS SHELTER. OUR FEEDING PROGRAM PROVIDED 153,264 MEALS.
	OUR LIFE RECOVERY PROGRAMS ENROLLED 78 MEN AND 36 WOMEN, SOME WOMEN WITH THEIR CHILDREN.
	EDUCATION IS PROVIDED AS A PART OF THESE PROGRAMS, INCLUDING VOCATIONAL TRAINING, BASIC LIFE
	SKILLS, GED PREPARATION, COLLEGE ENROLLMENT, AND ADULT LITERACY. VOCATIONAL TRAINING IS
	PROVIDED AT OUR THRIFT STORE AND RESTORATION CAFE. WE ALSO HAVE A MEDICAL, DENTAL, AND
	CHIROPRACTIC CLINIC ONSITE. WE PROVIDED 3,827 APPOINTMENTS AND PARTNERED WITH A NUMBER OF
	LOCAL MEDICAL PROVIDERS. THROUGH SERVICES PROVIDED IN OUR WORKS! EDUCATIONAL CENTER, 77
	GUESTS AND LIFE RECOVERY RESIDENTS ATTAINED EMPLOYMENT.
4b	(Code) (Expenses \$825,035 including grants of \$) (Revenue \$1,054,201)
	THRIFT STORE
4c	(Codo) (Funance & maludina made of @) (D
40	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
-tu	oner program services (Describe in Scriedlie O)
	(Fynances \$ uncluding grants of \$ \) (Powers 6
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 5,230,629

Form 990 (2017) ROCKFORD RESCUE MISSION MINISTRIES

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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	l i		
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
•	complete Schedule D, Part VI	11a	Х	Ì
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			<u> </u>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			i
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			١
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	ا ا		v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	امرا		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX column (A) lines 6 and 11e2 if "Ves." complete Schedule G. Part I (see instructions)	47	. l	
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	X	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	Λ	
	If "Yes," complete Schedule G, Part III	19		Х
	The state of the s	13		

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Χ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Χ b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Χ 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L. Part II 26 Χ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Χ 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X C An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Χ 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Χ 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 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R, Part II, III, 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Χ 36 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, 37 X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O

38

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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Χ, 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 108 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7 c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? h Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders а b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans C Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a **14**a Χ b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 1a 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Χ 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? X Each committee with authority to act on behalf of the governing body? Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b Χ 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? Х 13 14 Did the organization have a written document retention and destruction policy? Χ 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Illinois 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 JAN DANAHER (815) 965-5332, PO BOX 1958, Rockford, IL 61110-0458

	$\alpha \alpha \alpha$	(2017)	
-cm	990		

ROCKFORD RESCUE MISSION MINISTRIES

36-6132381

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

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

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

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

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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D)	(E)	(F)		
Name and Title	Average hours per week (list any				,	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
4	hours for related organizations below dotted line)	Indwidual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRAD VANDER HEYDEN CHAIRMAN	1.00	Х		x				0	0	0
(2) STAN_VALIULIS	1.00	х		Х				0		0
(3) ANN DITTMAR SECRETARY	1.00	Х		Х				0	0	0
(4) MICHAEL KALODIMOS TREASURER	1.00	Х		Х				0	0	0
(5) RONALD BILLY Jr. DIRECTOR	100_	Х						0	0	0
(6) TIM CLAUSON DIRECTOR	1.00	Х						0	0	0
(7) DAVID DAVITT DIRECTOR	1.00	Х						0	0	0
(8) RHONDA GRAY DIRECTOR	1.00	Х						0	0	0
(9) ANITA MILLER DIRECTOR	1.00	Х						0	o	0
(10)LAURA ORTIZ DIRECTOR	1.00	Х						0	0	0
(11) CHAR REMER DIRECTOR	1.00	Х						0	0	0
(12) SHERRY PITNEY EXECUTIVE DIRECTOR	70.00					Х		99,045	0	0
<u>(13)</u>										
(14)										

Page 8

Part	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd F	ligh	est (Comp	ens	ated Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					70	(D) Reportable compensation from	(E) Reportable compensation from related	ar	(F) stimated mount of other	f
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	pensation from the ganization of related anization	on d
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
(19)									-				
(20)													
(21)						_							
(22)													
(23)													
(24)													
(25)													
1b c	Sub-total							-					
d	Total (add lines 1b and 1c)								99,045	0			0
	reportable compensation from the organization		above	, *****				- tria		0			
3	Did the organization list any former officer, director,	or trustee, ke	y empl	oyee	e, or	high	est co	mpe	nsated			Yes	No
_	employee on line 1a? If "Yes," complete Schedule J										3		Χ
4	For any individual listed on line 1a, is the sum of repoi organization and related organizations greater than \$	-											
	ındıvıdual										4		Χ
5	Did any person listed on line 1a receive or accrue comfor services rendered to the organization? If "Yes," co	•	-				_				5		X
Section	on B. Independent Contractors	umplete Sche	tuule J	107 3	Suci	per	3011				1 5		^_
1	Complete this table for your five highest compensated compensation from the organization Report compens year												
	(A)		-					-	(B)		. ((C)	
	Name and business address	-							Description of	services	Comp	ensation	<u>n</u>
					_								
2	Total number of independent contractors (including bureceived more than \$100,000 of compensation from the			e list	ed a	bove	e) who					-	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Related or exempt Unrelated business Total revenue Revenue excluded from tax under sections 512-514 function revenue Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts Membership dues 1b c Fundraising events 1c 164,185 Related organizations 1d 1e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f 5,509,516 Noncash contributions included in lines 1a-1f \$ 1,596,005 Total. Add lines 1a-1f 🕨 5,673,701 **Business Code** Program Service Revenue 2a RESALE STORE 452000 979,961 979,961 b cafe sales 722210 91,525 91,525 C RECYCLE OF BULK GOODS 900099 74,240 74,240 d TRANSITIONAL LIVING REN 721000 4,057 4,057 e REMADE SHOP 452000 41,164 41,164 f All other program service revenue g Total, Add lines 2a-2f 1,190,947 Investment income (including dividends, interest, and other similar amounts) 18,974 18,974 income from investment of tax-exempt bond proceeds (ii) Personal (i) Real 6a Gross rents b Less rental expenses · · · c Rental income or (loss) . . d Net rental income or (loss) (i) Securities 7a Gross amount from sales of (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) . . . Other Revenue 8a Gross income from fundraising events (not including \$ 164,185 of contributions reported on line 1c) See Part IV. line 18 b Less direct expenses 48,850 c Net income or (loss) from fundraising events (48,850 (48,850)9a Gross income from gaming activities 45 V b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 5 B. b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code -154744 11a VENDING SALES 900099 10,041 10,041 b farm rent revenue 531190 1,800 1,800 C MISCELLANEOUS 561499 754 754 d All other revenue

12,595

1,222,516

6,847,367

(48,850)

e Total. Add lines 11a-11d

Total revenue. See instructions

Form 990 (2017) ROCKFORD RESCUE MISSION MINISTRIES

Part IX | Statement of Functional Expenses

Pa	rt IX Statement of Functional Expenses				
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other organiz	ations must complete o	column (A)	
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do r	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			1	
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				,
	ındıvıduals See Part IV, line 22	125,628	125,628		
3	Grants and other assistance to foreign				1
	organizations, foreign governments, and foreign			•	
	individuals See Part IV, lines 15 and 16			1	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	99,045	49,523	24,761	24,761
6	Compensation not included above, to disqualified	-			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				ı
7	Other salanes and wages	2,182,237	1,831,394	143,792	207,051
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	22,638	8,815	13,177	646
9	Other employee benefits	298,667	238,403	29,163	31,101
10	Payroll taxes	163,344	133,572	12,540	17,232
11	Fees for services (non-employees)	230/311	200/012	12,510	1,,232
а	Management	i			•
b	Legal	720		720	
С	Accounting	8,165		8,165	I · .
d	Lobbying	7,200		5,200	
е	Professional fundraising services See Part IV, line 17	328,090		· · · · · · · · · · · · · · · · · · ·	328,090
f	Investment management fees	320,000			320,030
g	Other (If line 11g amount exceeds 10% of line 25, column			········	
Ū	(A) amount, list line 11g expenses on Schedule O)	63,873	38,300	25,573	
12	Advertising and promotion	162,132	30,300	23,313	162,132
13	Office expenses	160,887	8,593	7,308	144,986
14	Information technology	100,007	0,333	1,308	144,900
15	Royalties				
16	Occupancy	513,029	479,430	29,366	4,233
17	Travel	313,023	413,430	29,300	4,233
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest · · · · · · · · · · · · · · · · · · ·	58,572	58,572		
21	Payments to affiliates	30,312	36,312		
22	Depreciation, depletion, and amortization	462,557	435,252	27,305	
23	Insurance	91,442	78,892	· · · · · · · · · · · · · · · · · · ·	4 500
24	Other expenses litemize expenses not covered	91,442	10,092	7,961	4,589
	above (List miscellaneous expenses in line 24e If	1	т ңе 3-кк за	4 5 -44	G
	line 24e amount exceeds 10% of line 25, column	0	•	2 2 2 Dec 14	S
	(A) amount, list line 24e expenses on Schedule O)	2 , 40, 7	் வண்கு		و رو مه
а	,	1 502 601	1 500 601	r 2 7 r = 2 74 C c	<u> </u>
b	DONATED FOOD	1,592,691	1,592,691	1 000	4 056
	SMALL EQUIPMENT	18,267	16,189	1,022	1,056
q	PROGRAM SUPPLIES	31,892	31,892		
d	All other expenses				
e 25	All other expenses	124,387	103,483	17,639	3,265
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	6,508,263	5,230,629	348,492	929,142
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	835,621	1	886,708
	2	Savings and temporary cash investments	2,928,230	2	2,889,551
	3	Pledges and grants receivable, net	329,206	3	931,068
	4	Accounts receivable, net	1,433	4	7,013
	5	Loans and other receivables from current and former officers, directors,			, , , , , , , , , , , , , , , , , , , ,
		trustees, key employees, and highest compensated employees			-
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			,
		sponsonng organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	**	7	
Assets	8	Inventories for sale or use	338,824	8	275,605
Ass	9	Prepaid expenses and deferred charges	107,390	9	101,535
	10a	Land, buildings, and equipment cost or			101/000
		other basis Complete Part VI of Schedule D 10a 15,521,551		١	
	b	Less accumulated depreciation	11,504,440	10c	11,273,268
	11	Investments - publicly traded securities		11	
	12	Investments - other secunties See Part IV, line 11		12	1,056,659
	13	Investments - program-related See Part IV, line 11	- W. W.	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	4,144	15	8,910
	16	Total assets. Add lines 1 through 15 (must equal line 34)	16,049,288	16	17,430,317
	17	Accounts payable and accrued expenses	202,720	17	258,931
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
jab		disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	1,454,768	23	1,403,376
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D · · · · · · · · · · · · · · · · · ·		25	
	26	Total liabilities. Add lines 17 through 25	1,657,488	26	1,662,307
		Organizations that follow SFAS 117 (ASC 958), check here 🕒 🛛 and			
ë		complete lines 27 through 29, and lines 33 and 34.	<u></u>		
lan	27	Unrestricted net assets	13,774,727	27	14,536,788
ä	28	Temporarily restricted net assets	517,073	28	131,222
힡	29	Permanently restricted net assets	100,000	29	1,100,000
Ĩ.		Organizations that do not follow SFAS 117 (ASC 958), check here			
S		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
_	33	Total net assets or fund balances	14,391,800	33	15,768,010
	34	Total liabilities and net assets/fund balances	16,049,288	34	17,430,317
EEA					Form 990 (2017)

	990 (2017) ROCKFORD RESCUE MISSION MINISTRIES 3	6-613238	Pa	age 12	
Pa	rt XI ¹ Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,8	347,3	367
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,5	08,2	263
3	Revenue less expenses Subtract line 2 from line 1	3	3	39,1	L04
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,3	91,8	300
5	Net unrealized gains (losses) on investments	5		22,5	536
6	Donated services and use of facilities	6		88,5	504
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		26,0)66
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	15,7	68,0)10
Pa	rt XII, Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \square$
				Yes	No
1	Accounting method used to prepare the Form 990		***	12	store .
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		-		
	Schedule O				<u>:</u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		,		
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			<u>.</u>	
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both			.	
			1.		
C	If "Yes" to line 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?		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in			:	
	Schedule O			-	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				ĺ
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2017)

SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

36-6132381

(Form 990 or 990-EZ)
Department of the Treasury

Internal Revenue Service

Name of the organization

ROCKFORD RESCUE MISSION MINISTRIES

Employer identification number

Pa	rt I	Reason for Public Charit	y Status (All o	rganizations must o	omplete	this par	t.) See instructio	ns.					
The	orgar	nization is not a private foundation becau	ise it is (For lines 1	through 12, check only of	ne box)		1						
1		A church, convention of churches, or a	association of churc	ches described in sectio	n 170(b)(1))(A)(i).	\sim						
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	chedule E (Form 990 or	990-EZ))		()/						
3		A hospital or a cooperative hospital se	rvice organization d	escribed in section 170	b)(1)(A)(iii	i).							
4		A medical research organization opera	ited in conjunction v	with a hospital described	ın section	170(b)(1)(A)(iii). Enter the						
		hospital's name, city, and state					,						
5		An organization operated for the benefit	t of a college or uni	versity owned or operated	by a gover	nmental ur	nit described in	_					
		section 170(b)(1)(A)(iv). (Complete F	Part II)		, •								
6		A federal, state, or local government of	r governmental unit	described in section 17	0(b)(1)(A)(v).							
7	$\overline{\mathbb{X}}$	An organization that normally receives					ne general public						
	_	described in section 170(b)(1)(A)(vi). (Complete Part II)											
8			community trust described in section 170(b)(1)(A)(vi). (Complete Part II)										
9	$\overline{\Box}$	An agricultural research organization of			ed in coniu	inction with	a land-grant college						
		or university or a non-land-grant college			•								
		university	· ·	,	. ,		Ü						
10		An organization that normally receives	(1) more than 33 1	/3% of its support from co	ontributions	, members	hip fees, and gross						
		receipts from activities related to its exe	empt functions - sul	bject to certain exceptions	s, and (2) no	o more than	n 33 1/3% of its						
		support from gross investment income	and unrelated busin	ness taxable income (less	section 51	1 tax) from	businesses						
		acquired by the organization after June	e 30, 1975 See se	ction 509(a)(2). (Comple	te Part III)								
11		An organization organized and operate	ed exclusively to tes	t for public safety See se	ection 509	(a)(4).							
12		An organization organized and operate	d exclusively for the	benefit of, to perform the	functions	of, or to ca	rry out the purposes						
		of one or more publicly supported orga	anizations described	d in section 509(a)(1) or	section 50	09(a)(2) S	ee section 509(a)(3).						
		Check the box in lines 12a through 12a					-						
	а	☐ Type I. A supporting organization											
		the supported organization(s) the p			of the direct	ors or trust	tees of the						
		supporting organization You mus											
	b	Type II. A supporting organization				_							
		control or management of the supp		•	ns that con	itrol or man	age the supported						
		organization(s) You must compl											
	С	Type III functionally integrated.		·				•					
	_	its supported organization(s) (see	•	· · · · · · · · · · · · · · · · · · ·									
	đ	Type III non-functionally integrated.	•	•			• •	s)					
		that is not functionally integrated 1 requirement (see instructions) You		•	•		nu an allenliveness						
	e	Check this box if the organization r	•	•			e II. Type III						
	•	functionally integrated, or Type III r				Type I, Typ	е п, туре п						
	f	Enter the number of supported organiz	•										
	q	Provide the following information about		nization(s)									
) Name of supported organization	(ii) EIN	(III) Type of organization	(IV) is the o	rganization	(v) Amount of monetary	(vi) Amoi	unt of				
	•	. ,, ,	(,	(described on lines 1-10	listed in you	ir governing	support (see	other supp	ort (see				
				above (see instructions))	docum	nent?	instructions)	instruct	ions)				
					Yes	No							
(A)													
			-,,										
(B)			!			1							
<u> </u>								-					
(C)					ĺ								
(D)				 , <u> </u>				···········					
(D) ——													
(E)													
Tota	 				-				· · · · · ·				
				-	1		1	ı					

36-6132381

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

-	don A. I abile ouppoit									
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,954,311	5,622,680	4,494,190	4,833,268	5,673,701	23,578,150			
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	Total. Add lines 1 through 3 · · · · ·	2,954,311	5,622,680	4,494,190	4,833,268	5,673,701	23,578,150			
5	The portion of total contributions by		, ,,,		*,	,				
	each person (other than a	# P2 # + +	e de servicio e		3 4 1 2 2 2 2					
	governmental unit or publicly									
	supported organization) included on									
	line 1 that exceeds 2% of the amount				7					
	shown on line 11, column (f)	apo sa a va s	4 1 , 1, 74	dakaran garit	e surra	t at parate a				
G	Public support. Subtract line 5 from line 4 + +	ATT POPE STATE	منولاً هج ويحور أحد بيهابير	THE PLANT	ገም የነ. ው. ጭ. ለንዩ	から 中間 かんし	23,578,150			
Sec	tion B. Total Support	r	1			·				
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
7	Amounts from line 4	2,954,311	5,622,680	4,494,190	4,833,268	5,673,701	23,578,150			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from									
	similar sources · · · · · · · · · · · · · · · · · · ·	6,849	11,714	7,595	10,043	18,994	55,195			
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 VI)	51,463	28,260	14,204	23,434	16,652	124 012			
11	Total support. Add lines 7 (linguist) 10 .	31,403	28,280	14,204	23,434	(A 1 b 1	134,013 23,767,358			
12	Gross receipts from related activities, etc. (se	e instructions)				12	23,707,330			
13	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first, s)	▶ □			
Sec	tion C. Computation of Public Su	pport Percen	tage							
14	Public support percentage for 2017 (line 6, co	olumn (f) divided by	line 11, column (f))			14	99.20 %			
15	Public support percentage from 2016 Schedu	ule A, Part II, line 14				15	98.29 %			
16a	33 1/3% support test - 2017. If the organization	ition did not check t	he box on line 13, a							
	box and stop here. The organization qualifie	s as a publicly sup	ported organization				▶ 🏻			
b	33 1/3% support test - 2016. If the organization	ition did not check a	a box on line 13 or 1							
	this box and stop here. The organization qua	alifies as a publicly	supported organiza	ition			▶ 🔲			
17a	10%-facts-and-circumstances test - 2017.	. 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 to				•					
	Part VI how the organization meets the "facts		•		, ,,		_			
	organization						▶ ∐			
b										
	15 is 10% or more, and if the organization me				•					
	Explain in Part VI how the organization meets			•	, ,					
	supported organization						▶ ∐			
18	Private foundation. If the organization did r									
	instructions			· · · · · · · · · · · · · · · · · · ·	• • • • • • • •	• • • • • • • • •	<u>· · · · ▶ </u>			

Schedule A (Form 990 or 990-EZ) 2017 ROCKFORD RESCUE MISSION MINISTRIES Page 3 36-6132381 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge · · · · Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year C Add lines 7a and 7b · · · · · · · · Public support. (Subtract line 7c from line 6) Section B. Total Support (b) 2014 Calendar year (or fiscal year beginning in) (a) 2013 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 6 · · · · · · · · 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 C Add lines 10a and 10b · · · Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c/11, and 12) 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 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2016 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is/not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

	Section A	۱. All	Supporting	Organizations
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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	ule A (Form 990 or 990-EZ) 2017 ROCKFORD RESCUE MISSION MINISTRIES 36-613238	11	F	Page 5
Pa	t IV Supporting Organizations (continued)		[Y	
44	Has the arganization acconted a gift or contribution from any of the following persons?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	1		~
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	ļ	<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c	L	L
Sec	tion B. Type I Supporting Organizations			
4	Did the directors trivatees or membership of one or more companied companies by the manual trivates	<u></u>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1-		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	-		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			2
	controlled the organization's activities of the organization had more than one supported organization,			l
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_	<u> </u>	
_	Dollar company to a contract to the high state of the sta		ļ	
2	Did the organization operate for the benefit of any supported organization other than the supported	-	i	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
5	supervised, or controlled the supporting organization	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			A1 -
4	VAlore a majority of the appropriate all discounts and appropriate and appropriate the discount of the discoun		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			İ.,
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	-		
	or management of the supporting organization was vested in the same persons that controlled or managed			
200	the supported organization(s)	1	İ	L
Sec	tion D. All Type III Supporting Organizations		TV	l Ni-
4	Did the ergonization provide to each of its comparted ergonizations, by the least day of the 6.8h month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			ĺ
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	^	ļ	[
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			١.
3		2	Ì	ļ
	significant voice in the organization's investment policies and in directing the use of the organization's	, <u>,</u>		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
500	supported organizations played in this regard tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	o inctru	otion	<u></u>
' a	The organization satisfied the Activities Test Complete line 2 below	e mouu	CHOIL	<i>>)</i>
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government ent	thy (soo	ınetru	otion
2	Activities Test Answer (a) and (b) below.	ny (see	Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Γ	162	140
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			<i>-</i>
		1 22		
L	that these activities constituted substantially all of its activities	2a	-	—
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			,
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	1
	reasons for the organization's position that its supported organization(s) would have engaged in these	125		
2	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	1.	{	1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	ļ	
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nızatıon	s must complete Sec	tions A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see		,	,
instructions for short tax year or assets held for part of year)			İ
Average monthly value of securities	1a	, - ,	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	·	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		, , , , , , , , , , , , , , , , , , , ,	F
factors (explain in detail in Part VI)	į	•	,
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	· · ·· ·	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	y-integr	ated Type III supportir	ng organization (see
instructions)			- + '

Par	t V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	izations (continued)								
	tion D - Distributions			Current Year							
1	Amounts paid to supported organizations to accomplish exe	empt purposes									
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported									
	organizations, in excess of income from activity										
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations										
4	Amounts paid to acquire exempt-use assets										
5	Qualified set-aside amounts (prior IRS approval required)										
6	Other distributions (describe in Part VI) See instructions										
7	Total annual distributions. Add lines 1 through 6										
8	Distributions to attentive supported organizations to which t										
	(provide details in Part VI) See instructions										
9	Distributable amount for 2017 from Section C, line 6										
10	Line 8 amount divided by Line 9 amount										
	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017							
	Distributable amount for 2017 from Section C, line 6										
2	Underdistributions, if any, for years prior to 2017										
	(reasonable cause required - explain in Part VI) See										
	Instructions										
	Excess distributions carryover, if any, to 2017		, D								
_ a			<u> </u>								
	From 2013		· ·								
	From 2014		ļ								
	From 2015										
	From 2016			<u> </u>							
	Total of lines 3a through e										
	Applied to underdistributions of prior years										
	Applied to 2017 distributable amount										
	Carryover from 2012 not applied (see instructions)	3 , -	<u> </u>	100 E 4							
	Remainder Subtract lines 3g, 3h, and 3i from 3f										
	Distributions for 2017 from										
	Section I), line 7 \$		2 4 2	2 <u>19</u> 24 1884 29							
	Applied to underdistributions of prior years										
	Applied to 2017 distributable amount										
	Remainder Subtract lines 4a and 4b from 4										
	Remaining underdistributions for years prior to 2017, if										
	any Subtract lines 3g and 4a from line 2 For result										
	greater than zero, explain in Part VI See instructions										
6	Remaining underdistributions for 2017 Subtract lines 3h										
	and 4b from line 1 For result greater than zero, explain in										
	Part VI See instructions										
	Excess distributions carryover to 2018 Add lines 3j and 4c										
8	Breakdown of line 7										
а	Excess from 2013	7		, ,							
b	Excess from 2014										
С	Excess from 2015										
d	Excess from 2016										
	Excess from 2017										

Part VI: Supplemental Informati III, line 12, Part IV, Sectio B, lines 1 and 2, Part IV, S 3a and 3b; Part V, line 1;	on. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Pon A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2 Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E mplete this part for any additional information. (See instructions.)	2b,
01. Other income (Part	II, line 10 or Part III, line 12)	
VENDING SALES AND MISCELLANEOU	JS RECEIPTS \$16,652	
2016 AMOUNT	23,434	
2015 AMOUNT	14,204	
2014 AMOUNT	28,260	
2013 AMOUNT	51,463	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public 1

Name	of the organization	Employer identification number
ROC	CKFORD RESCUE MISSION MINISTRIES	36-6132381
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	counts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	-
3	Aggregate value of 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	
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Pa		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	ally important land area
	Protection of natural habitat Preservation of a certified	•
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	servation
	easement on the last day of the tax year	Held at the End of the Tax Year
a	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	
	tax year	callon daring the
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, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
	•	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	ements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?	···
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	·—
	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	
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	d balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in ful	therance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item	s
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in ful	
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	
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Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end.	ier reco	rds, c	check any of t	he following	g that are a sig	gnıficant	use of its				
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c Leasehold improvements			692,829				3,396,069		10,29		
d Equipment			/				_,,			. . , ,	
· '		1	238,498				852,214			36,2	84
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Total. Add lines 1a through 1e (Column (d) must equal Fon	m 990	Part	X. column (R)	. line 10c))				11,27	72 2) 68
EEA	550, 1		,(0)	, , , , , , ,				Schedul			

Schedule D (Form 990) 2017 ROCKFORD RESCUE MISSION MINISTRIES 36-6132381 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests 725,679 FMV (3) Other (A) FIXED INCOME 277,448 **FMV** (B) ALTERNATIVES 53,532 **FMV** (C) (D) (E) (F) (G) (H) Total (Column (h) must equal Form 990, Part Y, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2)(3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) GIFT CARDS 8,910 (2) (3)(4)(5) (6)(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) 8,910 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f, See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2)(3)(4)(5)(6) (7)(8) (9)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Total (Column (b) must equal Form 990, Part X, col (B) line 25)

Pai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	Return.	
_	Total revenue, gains, and other support per audited financial statements	1	
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		7,007,257
a b	Net unrealized gains (losses) on investments		
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII)	1 1	
e	Add lines 2a through 2d	2e	159,890
3	Subtract line 2e from line 1	3	6,847,367
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		0,041,301
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	1	
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6,847,367
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	6,645,617
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		-,7,-,-,,7,-,-,-,,
а	Donated services and use of facilities		
b	Prior year adjustments	1	
С	Other losses		
d	Other (Describe in Part XIII)	1 1	
е	Add lines 2a through 2d	2e	137,354
3	Subtract line 2e from line 1	3	6,508,263
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	l l	
C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	6,508,263
L	rt XIII Supplemental Information.	_	
	de 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,	line	
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
01	. Endowment funds intended uses (Part V, line 4)		
END	OWMENT FUNDS THAT ARE BOARD DESIGNATED ARE TO BE USED FOR FUTURE NEEDS OF THE	MISSI	ON
AT	THE BOARD'S DISCRETION. ENDOWMENT FUNDS THAT ARE DONOR RESTRICTED WILL BE HE	<u>гр</u>	
PER	MANENTLY TO GENERATE EARNINGS FOR FUTURE NEEDS OF THE MISSION TO BE USED AT T	HE BOA	RD'S
	CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF THE CONTINUE OF TH		
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Scheau	ie D (Form 990) 20	NOCKE	OKO KE	SCUE MISSION	MTN	TSTRIES	<u> </u>			36-613	2381	Page 5
:Par	t XIII S	Supplemental	Inform	ation (continue	(d)							
		·										
	_											
<u>02.</u>	Other	revenues	not	included	on	Form	990	(Part	XI,	line 2d)		
SPEC	IAL EVENT	r expenses	\$48	,850								
03.	Other	expenses	not	included	Ωħ	Form	990	(Part	XTT	line 2d)		
· ·		Chpchoco	1100	211024444	<u> </u>	101111	<u> </u>	Trarc	MII,		******	·
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SPEC	TAL EVENT	C EXPENSES	\$48	,850			-					
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

lame of the organization						Employer ident	fication number
ROCKFORD RESCUE MISSION MIN						36-613	2381
Part I Fundraising Activities	. Complete if t	he organ	ization an	swered "Yes" on F	orm 99	90, Part IV,	line 17.
Form 990-EZ filers are no	t required to con	nplete this	part				
1 Indicate whether the organization raise	d funds through an	y of the follo	wing activitie	s Check all that apply			-
a 🔀 Mail solicitations		e 🛛	Solicitation of	f non-government grant	s		
b X Internet and email solicitations				f government grants			
c 🗵 Phone solicitations		=		raising events			
d 🛛 In-person solicitations		9 12	opcolar laria	raising events			
2a Did the organization have a written or o	aral agraamant with	oov odnada	al (makudina	afficació divantara turni			
or key employees listed in Form 990, F						₩.	
						∐ Ye:	s 📙 No
b If "Yes," list the 10 highest paid individ		uraisers) pui	rsuant to agre	eements under wnich tr	e fundras	ser is to be	
compensated at least \$5,000 by the or	ganization						
	<u> </u>		т				
(i) Name and address of individual			draiser have	(IV) Gross receipts		ount paid to tained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		control of utions?	from activity		ser listed in	(or retained by)
					C	ol (ı)	organization
4		Yes	No				
1 BREWER DIRECT INC	DIRECT MAIL					į	
07 S MYRTLE AVENUE, 91016	APPEALS		X	1,867,381		414,514	1,452,867
2 GATEWAY COMMUNICATIONS IN	TELEPHONE	1					
6805 NE MASON COURT, 97230	APPEALS		X	10,004		8,449	1,555
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otal · · · · · · · · · · · · · · · · · · ·				1,877,385		422 063	1 454 400
3 List all states in which the organization					le evem	422,963	1,454,422
registration or licensing	a registered of licer	1364 10 30110	it continuation	is of flas been floatied i	i is exemp	ot nom	
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llinois	·						
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				-			· · · · · · · · ·
							
	 						

			KFORD RESCUE MISS			6132381 Page 2
P,a	ırt][_ ~	· -			·
		than \$15,000 of fundraising		d gross income on Form	n 990-EZ, lines 1 and 61	List events with
		gross receipts greater than	· · · · · · · · · · · · · · · · · · ·	1		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			TELETHON	RED CARPET	2	(add col (a) through col (c))
d)			(event type)	(event type)	(total number)	
Revenue		0				
ě	1	Gross receipts · · · · · · · · ·	115,812	13,200	35,173	164,185
œ	,	Less Contributions				
	3		115,812	13,200	35,173	164,185
	"	Gross income (line 1 minus				
	<u> </u>	ine 2)				
	4	Cash prizes				
	,	Casi plizes				
	5	Noncash prizes				
	"	Noncasii prizes				
ģ	6	Rent/facility costs · · · · · · ·				
nse	"	Nerioraciinty costs				
×	7	Food and beverages · · · · ·				
进	'	1 ood and beverages				
Direct Expenses	8	Entertainment				
Ω	"	Enertainment				
	9	Other direct expenses	30,687	5,022	13,141	48,850
		a	30,007	3,022	13,141	40,050
	10	Direct expense summary Add lines	4 through 9 in column (d)			48,850
	11	Net income summary Subtract line 1	- , ,			(48,850)
Pa	ırt			"Yes" on Form 990, Par	t IV, line 19, or reported	d more
		than \$15,000 on Form 990)-EZ, line 6a		•	
- o			(-) D	(b) Pull tabs/instant		(d) Total gaming (add
킱			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Revenue						
	1	Gross revenue · · · · · · · ·				
S	2	Cash prizes		7,		
enses						
Expe	3	Noncash prizes				
т						
Direct	4	Rent/facility costs				
	_					
	5	Other direct expenses				
		Malamba and bahara		Yes %	∐ Yes%	1 No. 1
	6	Volunteer labor	∐ No	_ No	∐ No	
	,	Direct company assument Add lines	Otherwale Even and week (all		_	
	7	Direct expense summary Add lines 2	z tnrough 5 in column (a)			
	8	Not gaming income cummany Subtra	act line 7 from line 1 . column	n (d)		
	0	Net gaming income summary Subtra	act line 7 from line 1, column	1 (a) · · · · · · · · ·		
9	c,	ter the state(s) in which the organization	on conducto gaming activitio	•		
		the organization licensed to conduct ga	• •			· · · · · Yes \ \ No
a		No U ovolem	_			···· Yes No
b	, 11	No," explain				
					 	
10a	1/1/	ere any of the organization's gaming lic	enses revoked suspended	or terminated during the toy	vear?	· · · · Yes No
b		Vac " avelon	·	or terminated during the tax y	year,	
	. "			· · · · · · · · · · · · · · · · · · ·		
	_					
FFA			· · · · · · · · · · · · · · · · · · ·	 	Cabadul	e G (Form 990 or 990-F7) 2017

Open to Public Inspection OMB No 1545-0047 2017 Employer identification number 36-6132381 Grants and Other Assistance to Organizations, Governments, and Individuals in the United States complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Go to www.irs.gov/Form990 for the latest information. ROCKFORD RESCUE MISSION MINISTRIES Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990)

1 Does the programmantain records to substantiate the amount of the graphs or assistance the grantees' eligibility for the grants or assistance and	Grants and Assis	of the grants or assistant	o the grantoes' eligibi	thy for the grants of seci	pro appet		
the selection cnteria used to award the grants or assistance?	ints or assistance?						⊠Yes
2 Describe in Part IV the organization's procedures for monitoring the use of	edures for monitoring th		United States				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	nce to Domestic Or	ganizations and Do	mestic Governme	ints. Complete if the	organization answere	d "Yes" on Form	
990, Part IV, line 21, for any recipient that received more than \$5,000	recipient that receiv	ed more than \$5,000	Part II can be dup	Part II can be duplicated if additional space is needed	pace is needed	for Contamoson (n)	3
(a) Name and address of organization or government	Niii (g)	(if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	noncash assistance	(n) Purpose or grant or assistance
(1)							
(2)							
(3)							
(4)					;		
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government organization	ons listed in the line 1 tabl					
3 Enter total number of other organizations listed in the line 1 table	sted in the line 1 table					A	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Instructions for Form	990.				Sci	Schedule I (Form 990) (2017)

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Part III

rait iii cali be duplicated ii additoliai space is lieeded	space is lieeded.				
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
					CASE MANAGEMENT,
1 LIFE RECOVERY PROGRAMS	114		17,014 FMV	FMV	RESIDENTIAL HOUSING
			-		
2 CRISIS SHELTER	1,646		11,573 FMV	FMV	CASE MANAGEMENT, SHELTER
3 FEEDING PROGRAM	1,150		17,955 FMV	EMV	MEALS
					EDUCATION, VOCATIONAL
4 EDUCATION PROGRAM	592		7,930 FMV	FMV	TRAINING, GED PREPARATION
					VOCATIONAL TRAINING, ON THE
5 VOCATIONAL TRAINING	54		57,182 FMV	FMV	JOB VT
					MEDICAL, DENTAL,
6 CLINIC	3,100		1,984	FMV	CHIROPRACTIC SERVICES
4					
Operation of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Comp	Canifornia of the chinese	Land of house,	M. 100 111 400 0	1:00 0: Dod 111 001. mm /h/ 000 004000 004000 000001	مرفيه اجمادانا

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information.

line 2) Monitoring procedures (Part I, 01.

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

Estimate calculation (Part III, column b) 02.

THE MISSION SERVED 153,262 MEALS DURING THIS FISCAL YEAR. TRACKING THE NUMBER OF UNIQUE INDIVIDUALS WHO CAME TO THE MISSION

THEREFORE, WE ESTIMATE 1,150 BASED ON HISTORY AND THE TOTAL NUMBER OF MEALS SERVED. FOR A MEAL IS NOT EASY.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047
2017

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number Name of the organization ROCKFORD RESCUE MISSION MINISTRIES 36-6132381 Types of Property (a) (b) (c) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed Form 990, Part VIII, line 1g noncash contribution amounts 1 Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests Books and publications . . 5 Clothing and household goods Х 67,259 REPLACEMENT COST 6 Cars and other vehicles Х 1 4,504 COST OF COMPARABLE 7 Boats and planes 8 Intellectual property Securities - Publicly traded · · · · 9 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 X 630,082 1,518,497 REPLACEMENT COST 20 Drugs and medical supplies . . . 21 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 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ 32a If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

describe in Part II

		(Form 99			RO	CKFO	RD RI	ESCUE	MIS	SSION	MINI	STRIES					<u>36-6</u>	13238	<u> </u>	Page 2
Par	τιι	Supp	oleme	ntai i	ntorm	natio	n. Pro	ovide	the ir	ntorm	ation i	required	by Par	t I, lir	nes :	30b, 3	2b, a	nd 33,	and wh	ether
												umber o					mber	of iten	ns rece	ıved,
		or a c	ombi	nation	of bo	oth A	lso co	mplet	te thi	s part	for ar	ny additio	nal inf	orma	ition					
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

ROCKFORD RESCUE MISSION MINISTRIES 36-6132381 01. Form 990 governing body review (Part VI, line 11) ALL MEMBERS OF THE BOARD OF DIRECTORS ARE PROVIDED WITH A COPY OF THE FORM 990 FOR REVIEW AND APPROVAL BEFORE IT IS FILED. 02. Conflict of interest policy compliance (Part VI, line 12c) THE CONFLICT OF INTEREST POLICY IS MONITORED AT THE BOARD OF DIRECTORS LEVEL BEFORE ACTION ON ANY NEW CONTRACTS. THE POLICY COVERS ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS. A CONFLICT OF INTEREST MAY BE PRESENT IF A COVERED INDIVIDUAL HAS A DIRECT OR INDIRECT FINANCIAL INTEREST WITH AN ENTITY WITH WHICH THE ORGANIZATION HAS A TRANSACTION OR ARRANGEMENT. A PERSON WHO HAS A FINANCIAL INTEREST MAY HAVE A CONFLICT OF INTEREST ONLY IF THE APPROPRIATE GOVERNING BODY OR COMMITTEE DECIDES THAT A CONFLICT OF INTEREST EXISTS. NO MEMBER OF THE BOARD OF DIRECTORS OR MEMBER OF ANY COMMITTEE CAN PARTICIPATE IN DISCUSSION, VOTING, OR ANY OTHER ACTION TAKEN BY THE BOARD WHICH RELATES TO THE TRANSACTION IF A CONFLICT OF INTEREST IS DETERMINED TO BE PRESENT. ALL POTENTIAL CONFLICT OF INTEREST PROCEEDINGS ARE DOCUMENTED IN THE MINUTES OF THE GOVERNING BOARD. 03. CEO, executive director, top management comp (Part VI, line 15a) THE BOARD OF DIRECTORS REVIEWS COMPARATIVE WAGE INFORMATION TO DETERMINE THE ANNUAL COMPENSATION FOR THE EXECUTIVE DIRECTOR AND LEADERSHIP TEAM. THE BOARD PERSONNEL COMMITTEE REVIEWS AND RECOMMENDS TO THE FULL BOARD OF DIRECTORS ANNUAL WAGES FOR KEY LEADERSHIP SALARIES. RECOMMENDATIONS ARE BASED ON BOARD APPROVED SEMI-ANNUAL COMPENSATION THE COMPENSATION CHARTS ARE COMPILED FROM COMPARABILITY DATA FROM OTHER ORGANIZATIONS. THE MOST RECENT REVIEW WAS DONE IN 2017 FOR ALL PERSONNEL POSITIONS. APPROVAL OF COMPENSATION BY THE BOARD OF DIRECTORS IS DOCUMENTED IN THE MEETING MINUTES.

Schedule O (Form 990 or 990-EZ) (2017)			Page 2
Name of the organization			Employer identification number
ROCKFORD RESCUE MISSION 1	IINISTRIES		36-6132381
 			
04. Other officer or key	employee compen	sation (Part VI, line 15b	
SEE DESCRIPTION OF PROCEI	OURES FOR LINE 1	5a	
05. Governing documents,	etc, available	to public (Part VI, line 19	· · · · · · · · · · · · · · · · · · ·
UPON REOUEST, FORM 990 AN	ND AUDITED FINAN	ICIAL STATEMENTS ARE AVAILAB	E FOR PUBLIC
			15 TON 1 OBBIO
INSPECTION.			
		•	
06. Explanation of other	changes in net	assets or fund balances (Pa	ct XI, line 9)
Decrease In Temporarily F	Restricted Net A	<u>ssets \$(</u> 385,831)	
Net Assets Released From	Restriction	400, 401	
Increse In Permanently Re	estricted Net As	sets 1,000,000	
Donated Professional Serv	/ices	(88,504)	
TOTA I		0.000.000	
TOTAL		\$ 926,066	
07. List of other expense	es (Part IX, lin	ne 24e)	
PROGRAM SUPPLIES	\$ 31,892		
DONATED CLOTHING	56,009		
EMPLOYEE EDUCATION	30,218	, ·, · · · · · · · · · · · · · · · · ·	
EQUIPMENT REPAIRS	7,227		
VEHICLE OPERATIONS	19,153		
MISCELLANEOUS	8,274		
VOLUNTEER OPERATIONS	3,506		
TOTAL	\$124,387		

Name of the organization	,	···	Employer identification number
ROCKFORD RESCUE MISSION MINISTRI	ES	· · · · · · · · · · · · · · · · · · ·	36-6132381
			
08. General explanation attachme	ent		
OOO DARW III 41 BURIEW CHORE	PURPLICAC		
990, PART III, 4b - THRIFT STORE	. EXPENSES		
SALARIES AND WAGES	417,254		
DAVDOLL BAVES	00.047		
PAYROLL TAXES	29,047		· · · · · · · · · · · · · · · · · · ·
RETIREMENT	1,958		
EMPLOYEE BENEFITS	41,911		
WORKER'S COMP INSURANCE	11,649		
MONIER D COIL THOUGHTEE	11,049		
LIFE INSURANCE	934		
DONATED CLOTHING	56,009	<u>,_,_</u> ,_,	
PROFESSIONAL FEES	12,530		
OTHER PROMOTIONAL ACTIVITIES	12,392		
OFFICE SUPPLIES	899		
OTHER SUPPLIES	31,892		
TELEPHONE	1,618		
BUILDING MAINTENANCE, SUPPLIES	61,840	*****	
EQUIPMENT REPAIRS	1,163		
SMALL EQUIPMENT PURCHASES	4,130		
UTILITIES	93,950		
VEHICLE EXPENSES	6,121		
VEHICLE INSURANCE	903		
EDUCATION	1,732		
DEPRECIATION	30,260		
BUILDING INSURANCE	874		
LIABILITY INSURANCE	2,226		

Schedule O (Form 990 or 990-EZ) (2017)		age 2
Name of the organization	Employer identification number	
ROCKFORD RESCUE MISSION MINISTRIES	36-6132381	
MISCELLANEOUS 3,743		
TOTAL \$825,035	<u> </u>	
PART I, LINE 1, SIGNIFICANT ACTIVITIES		
HOMELESS SHELTER, FEEDING PROGRAM, CASE MANAGEMENT, AND LIFE RECOVERY PROC	FRAM INCLUDING	
EDUCATION, VOCATIONAL TRAINING, AND MEDICAL AND DENTAL CLINIC		
	**** ***** ***	
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