

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning **07/01/23**, and ending **06/30/24**

36-2167843

UNITED WAY OF ROCK RIVER VALLEY

Net Asset / Fund Balance at Beginning of Year **8,181,901**

Revenue

Contributions **3,430,753**

Program service revenue

Investment income **173,409**

Capital gain / loss

Fundraising / Gaming:

Gross revenue

Direct expenses

Net income

Other income **15,659**

Total revenue

3,619,821

Expenses

Program services **2,573,263**

Management and general **308,460**

Fundraising **259,836**

Total expenses

3,141,559

Excess / (deficit)

478,262

Changes

723,087

Net Asset / Fund Balance at End of Year

9,383,250

Reconciliation of Revenue

Total revenue per financial statements **4,342,908**

Less:

Unrealized gains **723,087**

Donated services

Recoveries

Other

Plus:

Investment expenses

Other

Total revenue per return **3,619,821**

Reconciliation of Expenses

Total expenses per financial statements **3,141,559**

Less:

Donated services

Prior year adjustments

Losses

Other

Plus:

Investment expenses

Other

Total expenses per return **3,141,559**

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>8,583,112</u>	<u>9,746,473</u>	
Liabilities	<u>401,211</u>	<u>363,223</u>	
Net assets	<u>8,181,901</u>	<u>9,383,250</u>	<u>1,201,349</u>

Miscellaneous Information

Amended return

Return / extended due date **05/15/25**

Failure to file penalty

LUCAS GROUP CPAS + ADVISORS, LLC
1617 TEMPLE LANE
ROCKFORD, IL 61112
815-235-9610

February 4, 2025

CONFIDENTIAL

UNITED WAY OF ROCK RIVER VALLEY
612 N. MAIN STREET SUITE 300
Rockford, IL 61103

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Illinois Annual Report (AG990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

LUCAS GROUP CPAS + ADVISORS, LLC

Filing Instructions

UNITED WAY OF ROCK RIVER VALLEY

Exempt Organization / Private Foundation Tax Return(s)

Taxable Year Ended June 30, 2024

Federal Filing Instructions

Your Form 990 for the year ended 6/30/24 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

LUCAS GROUP CPAS + ADVISORS, LLC
1617 TEMPLE LANE
ROCKFORD, IL 61112

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Illinois Filing Instructions

The filing fee for the tax year ended 6/30/24 is \$15. Form AG990-IL must be signed and dated by two officers of the organization. Include a check payable to the Illinois Charity Bureau Fund and write "E.I.N. 36-2167843, for the tax year ended 6/30/24" on the check. Mail the return by December 31, 2024 to:

Office of the Illinois Attorney General
Charitable Trust Bureau
115 S. LaSalle St
Chicago, IL 60603

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2023, or fiscal year beginning 7/01, 2023, and ending 6/30, 20 24**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.**2023**

Name of filer

UNITED WAY OF ROCK RIVER VALLEY

EIN or SSN

36-2167843Name and title of officer or person subject to tax **JULIE BOSMA**
CEO**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,619,821</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize LUCAS GROUP CPAS + ADVISORS, LLC to enter my PIN 67843 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 11/12/24**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature _____ Date 11/12/24**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2023)

Form **990**
Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023
Open to Public Inspection**A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF ROCK RIVER VALLEY		D Employer identification number 36-2167843
	Doing business as		E Telephone number 815-968-5400
	Number and street (or P.O. box if mail is not delivered to street address) 612 N. MAIN STREET SUITE 300		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code ROCKFORD IL 61103		G Gross receipts \$ 3,619,821
	F Name and address of principal officer: JULIE BOSMA 612 N. MAIN STREET SUITE 300 ROCKFORD IL 61103		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.UNITEDWAYRRV.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			H(c) Group exemption number
L Year of formation: 1920			M State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITING THE COLLECTIVE POWER OF THE COMMUNITY TO IMPROVE LIVES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	583
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,565,062	Current Year 3,430,753
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78,480	173,409
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,943	15,659
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,673,485	3,619,821
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	489,281	1,307,283
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,038,071	998,600
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 259,836		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	526,430	835,676
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,053,782	3,141,559
19 Revenue less expenses. Subtract line 18 from line 12	619,703	478,262	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 8,583,112	End of Year 9,746,473
	21 Total liabilities (Part X, line 26)	401,211	363,223
	22 Net assets or fund balances. Subtract line 21 from line 20	8,181,901	9,383,250

Part II Signature Block

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

Sign Here	Signature of officer JULIE BOSMA Type or print name and title		Date CEO	
	Print/Type preparer's name MARK OLSON		Preparer's signature	Date 02/04/25
Paid Preparer Use Only	Firm's name LUCAS GROUP CPAS + ADVISORS, LLC		Firm's EIN 27-3238017	Check <input type="checkbox"/> if self-employed PTIN P00998832
	Firm's address 1617 TEMPLE LANE ROCKFORD, IL 61112		Phone no. 815-235-9610	
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:**UNITING THE COLLECTIVE POWER OF THE COMMUNITY TO IMPROVE LIVES.****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the 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 \$ **1,527,500** including grants of \$ **1,527,500**) (Revenue \$)
SEE SCHEDULE O**4b** (Code:) (Expenses \$ **7,144** including grants of \$) (Revenue \$)

THE UNITED WAY MOVE THE MIDDLE INITIATIVE IS AIMED AT MIDDLE SCHOOL SUCCESS, OUR MOVE THE MIDDLE INITIATIVE HAS REACHED NEARLY 2,000 MIDDLE SCHOOL STUDENTS FROM LINCOLN AND RESAR, RESULTING IN 15400 RESOURCE REFERRALS, AND PROVIDED STUDENTS WITH THE HELP THEY NEED TO GET BACK ON TRACK. WHEN MIDDLE SCHOOLERS STAY ON TRACK, THEY BECOME SUCCESSFUL HIGH SCHOOLERS AND EVENTUALLY EMPLOYED, CONTRIBUTING ADULTS.

4c (Code:) (Expenses \$ **1,038,619** including grants of \$ **14,568**) (Revenue \$)

UNITED FOR LITERACY, ONLY 32% OF CHILDREN CAN READ AT GRADE LEVEL BY THE END OF THIRD GRADE. THIS IS A CRISIS THAT ADVERSELY AFFECTS THESE CHILDREN'S ABILITY TO SUCCEED IN SCHOOL, GRADUATE AND LEAD SUCCESSFUL ADULT LIVES. OUR BOLD GOAL THROUGH OUR UNITED FOR LITERACY INITIATIVE IS TO INCREASE OUR COUNTIES CHILDHOOD LITERACY RATE TO 75% BY THE YEAR 2034. WE DO THIS IN THE IMPACT AREAS OF READ ALOUDS, INCREASING PARENT INVOLVEMENT, WIDESPREAD BOOK DISTRIBUTION, INCREASING COMMUNITY AWARENESS ABOUT THE IMPORTANCE OF READING TO CHILDREN AND MORE. THIS PAST YEAR WE REACHED 10,122 CHILDREN, TRAINED 200 NEW VOLUNTEERS, DISTRIBUTED 63,254 BOOKS, PROVIDED FOR 48 LITERACY EVENTS FOR CHILDREN AND 31 FAMILY LITERACY EVENTS AND ENGAGED VOLUNTEERS FOR 16 CLASSROOMS IN THE HARLEM SCHOOL DISTRICT.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **2,573,263**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 19		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against 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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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 on 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

	1a	12		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.					
b Enter the number of voting members included on line 1a, above, who are independent	1b	12			
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?			2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6 Did the organization have members or stockholders?			6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a		X
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		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a The governing body?			8a	X	
b Each committee with authority to act on behalf of the governing body?			8b	X	
9 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 on Schedule O.			9		X

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		X
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	X	
b Describe on 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	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b		X
If "Yes" to line 15a or 15b, describe the process on 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		X
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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **IL**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

CAROL BRIGHAM
ROCKFORD

612 N MAIN ST #300

IL 61103

815-968-5400

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIE BOSMA	40.00									
CEO	0.00			X				136,000	0	13,613
(2) THERESA MERRIMAN	40.00									
FORMER CFO	0.00			X				99,992	0	19,044
(3) MARK BALDWIN	1.00									
CHAIR	0.00	X		X				0	0	0
(4) TAMARA BUTLER	1.00									
DIRECTOR	0.00	X						0	0	0
(5) RICK CIGANEK	1.00									
DIRECTOR	0.00	X						0	0	0
(6) DALE DICKINSON	1.00									
VICE CHAIR & SECRETARY	0.00	X		X				0	0	0
(7) ALLI BERNADI INSKO	1.00									
DIRECTOR	0.00	X						0	0	0
(8) EDWARD ZUROWSKI, JR.	1.00									
DIRECTOR	0.00	X						0	0	0
(9) TERRI KNIGHT	1.00									
DIRECTOR	0.00	X						0	0	0
(10) CASEY LESTER	1.00									
DIRECTOR	0.00	X						0	0	0
(11) EJ MILLER	1.00									
DIRECTOR	0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JULIE O'ROURKE										
(12) PAST CHAIR	1.00 0.00	X		X				0	0	0
(13) AMBER SANDERS										
(13) TREASURER	1.00 0.00	X		X				0	0	0
(14) MARY SIMMONS										
(14) DIRECTOR	1.00 0.00	X						0	0	0
(15) CAROL BRIGHAM										
(15) CFO	40.00 0.00			X				0	0	0
(16)										
(17)										
(18)										
(19)										
1b Subtotal								235,992		32,657
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								235,992		32,657

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2		
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	No
			X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,430,753				
	g Noncash contributions included in lines 1a-1f	1g	\$ 86,944				
	h Total. Add lines 1a-1f			3,430,753			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			173,409			173,409
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a MISCELLANEOUS			15,659	15,659		
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			15,659				
12 Total revenue. See instructions			3,619,821	15,659	0	173,409	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,307,283	1,307,283		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	268,649	268,649		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	491,326	221,605	120,089	149,632
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	126,290	70,895	25,061	30,334
10	Payroll taxes	112,335	72,684	18,392	21,259
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	16,500	9,570	4,950	1,980
d	Lobbying				
e	Professional fundraising services. See Part IV, line 7				
f	Investment management fees	41,250	23,925	12,375	4,950
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	214,634	124,488	64,390	25,756
13	Office expenses	8,374	4,857	2,512	1,005
14	Information technology				
15	Royalties				
16	Occupancy	19,315	11,202	5,795	2,318
17	Travel	5,504	3,193	1,651	660
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,913	3,429	1,774	710
23	Insurance	12,489	7,244	3,747	1,498
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	INITIATIVES AND EVENTS	267,892	267,892		
b	IN-KIND EXPENSES	84,944	84,944		
c	EQUIPMENT REPAIR	58,437	33,893	17,531	7,013
d	UNCOLLECTABLE	34,320	19,430	10,048	4,842
e	All other expenses	66,104	38,080	20,145	7,879
25	Total functional expenses. Add lines 1 through 24e	3,141,559	2,573,263	308,460	259,836
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	716,993	1	1,159,553
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	442,820	3	398,300
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	37,247	9	33,063
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 127,908		
	b Less: accumulated depreciation	10b 100,868	10c 27,040	
	11 Investments—publicly traded securities	6,946,339	11	7,717,829
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	408,613	15	410,688
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,583,112	16	9,746,473	
Liabilities	17 Accounts payable and accrued expenses	336,735	17	300,662
	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	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	64,476	25	62,561
	26 Total liabilities. Add lines 17 through 25	401,211	26	363,223
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		5,280,953	27	5,677,563
28 Net assets with donor restrictions		2,900,948	28	3,705,687
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		8,181,901	32	9,383,250
33 Total liabilities and net assets/fund balances	8,583,112	33	9,746,473	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,619,821
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,141,559
3	Revenue less expenses. Subtract line 2 from line 1	3	478,262
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,181,901
5	Net unrealized gains (losses) on investments	5	723,087
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,383,250

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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 on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

UNITED WAY OF ROCK RIVER VALLEY

Employer identification number

36-2167843**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2023

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,012,524	3,055,567	2,496,959	2,565,062	3,430,753	16,560,865
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	5,012,524	3,055,567	2,496,959	2,565,062	3,430,753	16,560,865
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						16,560,865

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	5,012,524	3,055,567	2,496,959	2,565,062	3,430,753	16,560,865
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	90,119	72,604	115,385	78,480	173,409	529,997
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.)				28,943	15,660	44,603
11 Total support. Add lines 7 through 10						17,135,465
12 Gross receipts from related activities, etc. (see instructions)					12	45,602

13 First 5 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

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	96.65 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	97.34 %
16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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.)						
14 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests — 2023. 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 — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section 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 (<i>see instructions</i>).			
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections 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)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	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 factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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 integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 44,603

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

UNITED WAY OF ROCK RIVER VALLEY**36-2167843**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

UNITED WAY OF ROCK RIVER VALLEY

Employer identification number

36-2167843

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BARBER-COLMAN MANAGEMENT FUND 1354 CLIFFORD AVENUE LOVES PARK IL 61111	\$ 77,057	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BMO HARRIS BANK 228 S MAIN ST ROCKFORD IL 61101	\$ 35,538	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BERGSTROM INC. 2390 BLACKHAWK ROAD ROCKFORD IL 61109	\$ 90,891	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	STELLANTIS 3000 WEST CHRYSLER DRIVE BELVIDERE IL 61108	\$ 99,286	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COLLINS AEROSPACE 4747 HARRISON AVENUE ROCKFORD IL 61108	\$ 81,622	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WOODWARD, INC. 5001 NORTH SECOND STREET LOVES PARK IL 61111	\$ 164,350	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED WAY OF ROCK RIVER VALLEY

Employer identification number

36-2167843

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ASSOCIATED BANK 612 NORTH MAIN STREET ROCKFORD IL 61103	\$ 110,070	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**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

2023**Open to Public
Inspection**

Name of the organization

Employer identification number

UNITED WAY OF ROCK RIVER VALLEY**36-2167843****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

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 funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements

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).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(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, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a** ☐ Public exhibition **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,499,387	2,416,413	2,970,678	2,486,813	2,507,169
b Contributions					
c Net investment earnings, gains, and losses	314,330	234,030	-389,405	643,114	108,142
d Grants or scholarships	123,933	133,768	144,546	135,242	110,711
e Other expenditures for facilities and programs					
f Administrative expenses	18,072	17,287	20,314	24,007	17,787
g End of year balance	2,672,639	2,499,388	2,416,413	2,970,678	2,486,813

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment **100.00** %
 The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations?	X	
(ii) Related organizations?		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		127,908	100,868	27,040
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				27,040

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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

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, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED EXPENSES	45,422
(3) OPERATING LEASE LIABILITY	17,139
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	62,561

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,342,908
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	723,087
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	723,087
3	Subtract line 2e from line 1	3	3,619,821
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
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	3,619,821

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,141,559
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,141,559
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
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	3,141,559

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION WAS FORMED AS A TAX-EXEMPT ENTITY UNDER SECTION 501 (C)

(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT BELIEVES THE ORGANIZATION

ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS

BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES. THE STANDARD PROVIDES DETAILED GUIDANCE

FOR THE FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND DISCLOSURE OF

UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS

AND REQUIRES AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX

POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE

SUSTAINED UPON EXAMINATION. MANAGEMENT DOES NOT BELIEVE ANY UNCERTAIN TAX

POSITIONS EXIST AT JUNE 30, 2024.

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

UNITED WAY OF ROCK RIVER VALLEY

Employer identification number

36-2167843**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ZION DEVELOPMENT CORPORATION 910 5TH AVE ROCKFORD IL 61104	36-3229794		113,500				DCEO & SNH
(2)	ROCKFORD PUBLIC LIBRARY 6685 E STATE ST ROCKFORD IL 61108	80-0626613		62,517				DCEO&LITERACY
(3)	HARLEM SCHOOL DISTRICT #122 8605 N 2ND ST MACHESNEY PARK IL 61115	36-6005746		33,300				LITERACY
(4)	PATRIOTS GATEWAY COMMUNITY CENTER 615 S 5TH ST ROCKFORD IL 61104	36-4048431		32,799				DCEO
(5)	DISCOVERY CENTER MUSEUM 711 N MAIN ST ROCKFORD IL 61103	36-3292135		111,795				DCEO&LITERACY
(6)	BROOKE ROAD UMC 1404 BROOKE RD ROCKFORD IL 61109	36-2688631		48,000				LITERACY
(7)	BOYS AND GIRLS CLUB OF ROCKFORD 1040 N 2ND ST #1 ROCKFORD IL 61107	36-2167840		59,347				LITERACY
(8)	YWCA OF ROCKFORD 4990 E STATE ST ROCKFORD IL 61108	36-2174839		95,900				LITERACY
(9)	OTHER			25,608				LITERACY & DCEO

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

UNITED WAY OF ROCK RIVER VALLEY

Employer identification number

36-2167843**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ROCKFORD UNIVERSITY 5050 EAST STATE ST ROCKFORD IL 61108	36-2167842		50,000				DCEO
(2)	ANDERSON GARDENS 318 SPRING CREEK ROAD ROCKFORD IL 61107			50,000				DCEO
(3)	TINKER SWISS COTTAGE 411 KENT ST ROCKFORD IL 61102	36-6110280		15,694				DCEO
(4)	AFRICAN-AMERICAN RESOURCE CENTER 1005 S COURT ST ROCKFORD IL 61102	47-1392289		25,000				DCEO
(5)	NORTHWEST COMMUNITY CENTER 1325 N JOHNSTON AVE ROCKFORD IL 61101	36-2588247		50,000				DCEO
(6)	KEN ROCK COMMUNITY CENTER 625 ADAMS ST ROCKFORD IL 61107	36-2204841		38,282				DCEO
(7)	YMCA OF ROCK RIVER VALLEY 220 EAST STATE STREET SUITE 400 ROCKFORD IL 61104	36-2174838		128,842				DCEO&LITERACY
(8)	CARPENTERS PLACE 1149 RAILROAD AVE ROCKFORD IL 61104	36-4352283		50,000				DCEO
(9)	MUSLIM ASSOCIATES OF GREATER ROCKFO 5921 DARLENE DR ROCKFORD IL 61109	36-3633427		25,000				DCEO

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

DAA

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

UNITED WAY OF ROCK RIVER VALLEY

Employer identification number

36-2167843**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	REMEDIES RENEWING LIVES 220 EASTON PKWY ROCKFORD IL 61108	36-2464898		30,000				DCEO
(2)	NORTH SUBURBAN LIBRARY DISTRICT 6340 N 2ND ST LOVES PARK IL 61111	36-3350517		50,000				DCEO
(3)	MIDWAY VILLAGE & MUSEUM CENTER 6799 GUILFORD RD ROCKFORD IL 61107	23-7237720		47,410				DCEO
(4)	BRIGHTPOINT 424 7TH STREET ROCKFORD IL 61104	36-2167743		80,340				LITERACY
(5)	TRINITY DAYCARE 215 N 1ST ST ROCKFORD IL 61107	03-0434862		5,468				LITERACY
(6)	ST. MARKS LUTHERAN CHURCH 675 N MULFORD RD ROCKFORD IL 61107	36-2685011		8,000				COMMUNITY ENGAGEMENT
(7)	WINNEBAGO OFFICE OF EDUCATORS 300 HEART BLVD LOVES PARK IL 61111	36-4031211		38,500				LITERACY
(8)	SOUTHWEST IDEAS FOR TODAY AND TOMM 1005 S MAIN ST ROCKFORD IL 61101	36-3743278		24,981				DCEO
(9)	ETHNIC HERITAGE 1129 S MAIN ST ROCKFORD IL 61101	36-3651979		7,000				DCEO

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

Part III **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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2023**Open To Public
Inspection****UNITED WAY OF ROCK RIVER VALLEY**

Employer identification number

36-2167843**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (RENT)	X	1	86,944	FAIR VALUE
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 V, Donee Acknowledgement

29

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Yes No

30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31		X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		X

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Area for supplemental information with horizontal dotted lines.

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

UNITED WAY OF ROCK RIVER VALLEY

Employer identification number

36-2167843**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

UNITED WAY COMMUNITY SERVICES - UNITED WAY 2-1-1 IS A 24 HOUR/7-DAY, INFORMATION AND REFERRAL HOTLINE THAT CONNECTS THOSE IN NEED TO AVAILABLE RESOURCES IN THE COMMUNITY. IT IS DESIGNED TO CONNECT RESIDENTS TO COMMUNITY RESOURCES FOR THEIR MOST CRITICAL NEEDS, 211 HAS FIELDDED ALMOST 4,300 CALLS THIS YEAR FROM RESIDENTS OF WINNEBAGO COUNTY. THIS LINE IS FREE, CONFIDENTIAL, AND OPEN 24/7 AND CALLERS CAN GAIN ACCESS TO RESOURCES FOR RENT AND UTILITY ASSISTANCE, CHILDCARE, CLOTHING FOOD, MENTAL HEALTH CARE, AND MORE.

UNITED WAY'S STRONG NEIGHBORHOODS INITIATIVE: THROUGH OUR STRONG NEIGHBORHOOD HOUSES. UNITED WAY SUPPORTS THE WORK OF LOCAL NONPROFITS BY PROVIDING THEM SPACE FOR FREE. THE ORGANIZATIONS WERE STRATEGICALLY CHOSEN TO SERVE THE SURROUNDING COMMUNITY AS A REFLECTION OF NEED IN THAT AREA. FROM DRUG AWARENEXX TO SUICIDE PREVENTION TO HOUSING ACQUISITION SUPPORTS, EACH NONPROFIT SERVES TO ENHANCE AND BUILD UP THE NEIGHBORHOODS WHERE THE HOUSES EXISTS. IN TWO OF THREE HOUSES, THE LOCAL POLICE DEPARTMENTS HAVE A STRONG PRESENCE, PROVIDING NEIGHBORS SECURITY WHILE BREAKING DOWN THE WALLS OF PREJUDICE ON BOTH SIDES.

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED

STAFF MANAGEMENT, A PROFESSIONAL EMPLOYER ORGANIZATION (PEO), ASSISTS THE AGENCY WITH ITS HUMAN RESOURCE FUNCTIONS, PROVIDES HEALTH INSURANCE ADMINISTRATION AND PAYROLL SERVICES, INCLUDING FILING ALL WAGE AND PAYROLL TAX RETURNS ON BEHALF OF THE ORGANIZATION. HOWEVER, THE ORGANIZATION REMAINS IN CONTROL OF MANAGEMENT DUTIES SUCH AS DECISIONS ABOUT PERSONNEL,

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

Schedule O (Form 990) 2023

Name of the organization	Employer identification number
UNITED WAY OF ROCK RIVER VALLEY	36-2167843

HIRING, AND FIRING. ALL WAGE AND PAYROLL TAX RETURNS ARE FILED UNDER THE FEIN# OF STAFF MANAGEMENT, INCLUDING THE AMOUNT LISTED ON PART V, LINE 2A.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED BY THE BOARD OF DIRECTORS ANNUALLY. THE GOVERNING BODY REVIEWS THE POLICY AND EACH DIRECTOR SIGNS A CONFLICT OF INTEREST DISCLOSURE STATEMENT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR SETTING THE COMPENSATION OF THE CEO/PRESIDENT. THE MEETING IS DOCUMENTED AND THE GOVERNING BODY IS INFORMED OF ANY CHANGES IN COMPENSATION OF THE CEO/PRESIDENT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST ARE AVAILABLE ON REQUEST. THE FINANCIAL STATEMENTS AND 990 ARE PUBLISHED ON WWW.UNITEDWAYRRV.ORG.

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023Attachment
Sequence No. **179****UNITED WAY OF ROCK RIVER VALLEY**

Identifying number

36-2167843

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,913

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	5,913
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2023)
THERE ARE NO AMOUNTS FOR PAGE 2

36-2167843

Federal Asset Report

FYE: 6/30/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:										
1	File Cabinets (4 OR 5 DR.)	1/01/98	9,753				9,753	8 MO S/L	9,753	0
2	Panels For Conf Room	1/01/98	1,758				1,758	8 MO S/L	1,758	0
3	Work Stations	1/01/08	6,600				6,600	8 MO S/L	6,600	0
4	Reception Stations	1/01/08	2,440				2,440	8 MO S/L	2,440	0
	Sold/Scrapped: 6/30/24									
5	Countertops	1/01/08	1,620				1,620	8 MO S/L	1,620	0
6	Cubicles	1/01/11	3,120				3,120	7 MO S/L	3,120	0
7	ANDAR Software	1/01/07	10,500				10,500	8 MO S/L	10,500	0
8	Andar License	1/01/08	5,250				5,250	8 MO S/L	5,250	0
9	Baracuda Backup Server	1/01/11	2,181				2,181	4 MO S/L	2,181	0
10	Allocations and Outcomes	1/01/11	7,375				7,375	4 MO S/L	7,375	0
11	Outlook Connector	1/01/11	2,000				2,000	4 MO S/L	2,000	0
12	Camera	1/01/12	1,530				1,530	5 MO S/L	1,530	0
13	Telephone Voicemail System	1/01/13	15,610				15,610	5 MO S/L	15,610	0
	Sold/Scrapped: 6/30/24									
14	Glass Entry Doors on 3rd Floor	1/01/13	8,334				8,334	5 MO S/L	8,334	0
15	Modular Offices	8/08/13	9,585				9,585	7 MO S/L	9,585	0
16	GE French Door Refrigerator	3/21/14	1,900				1,900	5 MO S/L	1,900	0
17	MIG Module for Andar Software	3/20/14	2,400				2,400	3 MO S/L	2,400	0
18	Carpet Installation in Work Room	4/30/14	2,000				2,000	5 MO S/L	2,000	0
19	Sharp 60 Inch Televisiosn	7/01/14	1,800				1,800	7 MO S/L	1,800	0
20	Barracuda Spam Filter	10/31/14	1,549				1,549	5 MO S/L	1,549	0
	Sold/Scrapped: 6/30/24									
21	E-Pledge Module	5/19/15	5,000				5,000	3 MO S/L	5,000	0
22	Virtual Server	11/30/15	17,148				17,148	5 MO S/L	17,148	0
	Sold/Scrapped: 6/30/24									
23	HP Notebook	9/01/15	2,394				2,394	5 MO S/L	2,394	0
24	Tile Project Womens Bathroom - Carpetlan	11/30/20	2,474				2,474	15 MO S/L	495	165
25	Cisco Firewall - Entre	5/19/21	2,217				2,217	5 MO S/L	1,330	444
26	Cabinets and Counter Top - Andco	4/23/21	14,952				14,952	15 MO S/L	2,990	997
27	Elite Notebook 5CG12022NZ	6/15/21	1,808				1,808	5 MO S/L	1,085	362
28	Desk for CEO	12/17/21	1,781				1,781	7 MO S/L	509	254
29	Desk for Director of Development	7/01/22	1,734				1,734	7 MO S/L	248	247
30	Dell Server and Install	4/24/23	15,034				15,034	5 MO S/L	3,007	3,007
31	Window Server and Software	5/31/23	953				953	5 MO S/L	191	190
32	HP B&W E60155DN Laserjet	10/20/23	1,854				1,854	5 MO S/L	0	247
Total Other Depreciation			<u>164,654</u>				<u>164,654</u>		<u>131,702</u>	<u>5,913</u>
Total ACRS and Other Depreciation			<u>164,654</u>				<u>164,654</u>		<u>131,702</u>	<u>5,913</u>
Grand Totals			164,654				164,654		131,702	5,913
Less: Dispositions and Transfers			36,747				36,747		36,747	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>127,907</u>				<u>127,907</u>		<u>94,955</u>	<u>5,913</u>

36-2167843

IL Asset Report

FYE: 6/30/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	IL Prior	IL Current	Federal Current	Difference Fed - IL
Other Depreciation:								
1	File Cabinets (4 OR 5 DR.)	1/01/98	0	0	0	0	0	0
2	Panels For Conf Room	1/01/98	0	0	0	0	0	0
3	Work Stations	1/01/08	0	0	0	0	0	0
4	Reception Stations	1/01/08	0	0	0	0	0	0
	Sold/Scrapped: 6/30/24							
5	Countertops	1/01/08	0	0	0	0	0	0
6	Cubicles	1/01/11	0	0	0	0	0	0
7	ANDAR Software	1/01/07	0	0	0	0	0	0
8	Andar License	1/01/08	0	0	0	0	0	0
9	Baracuda Backup Server	1/01/11	0	0	0	0	0	0
10	Allocations and Outcomes	1/01/11	0	0	0	0	0	0
11	Outlook Connector	1/01/11	0	0	0	0	0	0
12	Camera	1/01/12	0	0	0	0	0	0
13	Telephone Voicemail System	1/01/13	0	0	0	0	0	0
	Sold/Scrapped: 6/30/24							
14	Glass Entry Doors on 3rd Floor	1/01/13	0	0	0	0	0	0
15	Modular Offices	8/08/13	0	0	0	0	0	0
16	GE French Door Refrigerator	3/21/14	0	0	0	0	0	0
17	MIG Module for Andar Software	3/20/14	0	0	0	0	0	0
18	Carpet Installation in Work Room	4/30/14	0	0	0	0	0	0
19	Sharp 60 Inch Televisiosn	7/01/14	0	0	0	0	0	0
20	Barracuda Spam Filter	10/31/14	0	0	0	0	0	0
	Sold/Scrapped: 6/30/24							
21	E-Pledge Module	5/19/15	0	0	0	0	0	0
22	Virtual Server	11/30/15	0	0	0	0	0	0
	Sold/Scrapped: 6/30/24							
23	HP Notebook	9/01/15	0	0	0	0	0	0
24	Tile Project Womens Bathroom - Carpetlans	11/30/20	0	0	0	0	165	165
25	Cisco Firewall - Entre	5/19/21	0	0	0	0	444	444
26	Cabinets and Counter Top - Andco	4/23/21	0	0	0	0	997	997
27	Elite Notebook 5CG12022NZ	6/15/21	0	0	0	0	362	362
28	Desk for CEO	12/17/21	0	0	0	0	254	254
29	Desk for Director of Development	7/01/22	0	0	0	0	247	247
30	Dell Server and Install	4/24/23	0	0	0	0	3,007	3,007
31	Window Server and Software	5/31/23	0	0	0	0	190	190
32	HP B&W E60155DN Laserjet	10/20/23	1,854	1,854	0	247	247	0
	Total Other Depreciation		<u>1,854</u>	<u>1,854</u>	<u>0</u>	<u>247</u>	<u>5,913</u>	<u>5,666</u>
	Total ACRS and Other Depreciation		<u>1,854</u>	<u>1,854</u>	<u>0</u>	<u>247</u>	<u>5,913</u>	<u>5,666</u>
	Grand Totals		1,854	1,854	0	247	5,913	5,666
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>1,854</u>	<u>1,854</u>	<u>0</u>	<u>247</u>	<u>5,913</u>	<u>5,666</u>

36-2167843

AMT Asset Report

FYE: 6/30/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	File Cabinets (4 OR 5 DR.)	1/01/98	0				0	0	HY		0	0
2	Panels For Conf Room	1/01/98	0				0	0	HY		0	0
3	Work Stations	1/01/08	0				0	0	HY		0	0
4	Reception Stations	1/01/08	0				0	0	HY		0	0
	Sold/Scrapped: 6/30/24											
5	Countertops	1/01/08	0				0	0	HY		0	0
6	Cubicles	1/01/11	0				0	0	HY		0	0
7	ANDAR Software	1/01/07	0				0	0	HY		0	0
8	Andar License	1/01/08	0				0	0	HY		0	0
9	Baracuda Backup Server	1/01/11	0				0	0	HY		0	0
10	Allocations and Outcomes	1/01/11	0				0	0	HY		0	0
11	Outlook Connector	1/01/11	0				0	0	HY		0	0
12	Camera	1/01/12	0				0	0	HY		0	0
13	Telephone Voicemail System	1/01/13	0				0	0	HY		0	0
	Sold/Scrapped: 6/30/24											
14	Glass Entry Doors on 3rd Floor	1/01/13	0				0	0	HY		0	0
15	Modular Offices	8/08/13	0				0	0	HY		0	0
16	GE French Door Refrigerator	3/21/14	0				0	0	HY		0	0
17	MIG Module for Andar Software	3/20/14	0				0	0	HY		0	0
18	Carpet Installation in Work Room	4/30/14	0				0	0	HY		0	0
19	Sharp 60 Inch Televisiosn	7/01/14	0				0	0	HY		0	0
20	Barracuda Spam Filter	10/31/14	0				0	0	HY		0	0
	Sold/Scrapped: 6/30/24											
21	E-Pledge Module	5/19/15	0				0	0	HY		0	0
22	Virtual Server	11/30/15	0				0	0	HY		0	0
	Sold/Scrapped: 6/30/24											
23	HP Notebook	9/01/15	0				0	0	HY		0	0
24	Tile Project Womens Bathroom - Carpetlans	11/30/20	0				0	0	HY		0	0
25	Cisco Firewall - Entre	5/19/21	0				0	0	HY		0	0
26	Cabinets and Counter Top - Andco	4/23/21	0				0	0	HY		0	0
27	Elite Notebook 5CG12022NZ	6/15/21	0				0	0	HY		0	0
28	Desk for CEO	12/17/21	0				0	0	HY		0	0
29	Desk for Director of Development	7/01/22	0				0	0	HY		0	0
30	Dell Server and Install	4/24/23	0				0	0	HY		0	0
31	Window Server and Software	5/31/23	0				0	0	HY		0	0
32	HP B&W E60155DN Laserjet	10/20/23	1,854				1,854	5	MO	S/L	0	247
	Total Other Depreciation		<u>1,854</u>				<u>1,854</u>				<u>0</u>	<u>247</u>
	Total ACRS and Other Depreciation		<u>1,854</u>				<u>1,854</u>				<u>0</u>	<u>247</u>
	Grand Totals		1,854				1,854				0	247
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>				<u>0</u>	<u>0</u>
	Net Grand Totals		<u>1,854</u>				<u>1,854</u>				<u>0</u>	<u>247</u>

02/04/2025 4:16 PM

Depreciation Adjustment Report

All Business Activities

There are no assets that meet the criteria of this report

36-2167843

Future Depreciation Report**FYE: 6/30/25**

FYE: 6/30/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	File Cabinets (4 OR 5 DR.)	1/01/98	9,753	0	0
2	Panels For Conf Room	1/01/98	1,758	0	0
3	Work Stations	1/01/08	6,600	0	0
5	Countertops	1/01/08	1,620	0	0
6	Cubicles	1/01/11	3,120	0	0
7	ANDAR Software	1/01/07	10,500	0	0
8	Andar License	1/01/08	5,250	0	0
9	Baracuda Backup Server	1/01/11	2,181	0	0
10	Allocations and Outcomes	1/01/11	7,375	0	0
11	Outlook Connector	1/01/11	2,000	0	0
12	Camera	1/01/12	1,530	0	0
14	Glass Entry Doors on 3rd Floor	1/01/13	8,334	0	0
15	Modular Offices	8/08/13	9,585	0	0
16	GE French Door Refrigerator	3/21/14	1,900	0	0
17	MIG Module for Andar Software	3/20/14	2,400	0	0
18	Carpet Installation in Work Room	4/30/14	2,000	0	0
19	Sharp 60 Inch Televisiosn	7/01/14	1,800	0	0
21	E-Pledge Module	5/19/15	5,000	0	0
23	HP Notebook	9/01/15	2,394	0	0
24	Tile Project Womens Bathroom - Carpetland	11/30/20	2,474	165	0
25	Cisco Firewall - Entre	5/19/21	2,217	443	0
26	Cabinets and Counter Top - Andco	4/23/21	14,952	997	0
27	Elite Notebook 5CG12022NZ	6/15/21	1,808	361	0
28	Desk for CEO	12/17/21	1,781	255	0
29	Desk for Director of Development	7/01/22	1,734	248	0
30	Dell Server and Install	4/24/23	15,034	3,007	0
31	Window Server and Software	5/31/23	953	191	0
32	HP B&W E60155DN Laserjet	10/20/23	1,854	371	371
Total Other Depreciation			<u>127,907</u>	<u>6,038</u>	<u>371</u>
Total ACRS and Other Depreciation			<u>127,907</u>	<u>6,038</u>	<u>371</u>
Grand Totals			<u>127,907</u>	<u>6,038</u>	<u>371</u>

36-2167843

IL Future Depreciation Report**FYE: 6/30/25**

FYE: 6/30/2024

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>IL</u>
<u>Other Depreciation:</u>				
1	File Cabinets (4 OR 5 DR.)	1/01/98	0	0
2	Panels For Conf Room	1/01/98	0	0
3	Work Stations	1/01/08	0	0
5	Countertops	1/01/08	0	0
6	Cubicles	1/01/11	0	0
7	ANDAR Software	1/01/07	0	0
8	Andar License	1/01/08	0	0
9	Baracuda Backup Server	1/01/11	0	0
10	Allocations and Outcomes	1/01/11	0	0
11	Outlook Connector	1/01/11	0	0
12	Camera	1/01/12	0	0
14	Glass Entry Doors on 3rd Floor	1/01/13	0	0
15	Modular Offices	8/08/13	0	0
16	GE French Door Refrigerator	3/21/14	0	0
17	MIG Module for Andar Software	3/20/14	0	0
18	Carpet Installation in Work Room	4/30/14	0	0
19	Sharp 60 Inch Televisiosn	7/01/14	0	0
21	E-Pledge Module	5/19/15	0	0
23	HP Notebook	9/01/15	0	0
24	Tile Project Womens Bathroom - Carpetland	11/30/20	0	0
25	Cisco Firewall - Entre	5/19/21	0	0
26	Cabinets and Counter Top - Andco	4/23/21	0	0
27	Elite Notebook 5CG12022NZ	6/15/21	0	0
28	Desk for CEO	12/17/21	0	0
29	Desk for Director of Development	7/01/22	0	0
30	Dell Server and Install	4/24/23	0	0
31	Window Server and Software	5/31/23	0	0
32	HP B&W E60155DN Laserjet	10/20/23	1,854	371
Total Other Depreciation			<u>1,854</u>	<u>371</u>
Total ACRS and Other Depreciation			<u><u>1,854</u></u>	<u><u>371</u></u>
Grand Totals			<u><u>1,854</u></u>	<u><u>371</u></u>

Form 990	Two Year Comparison Report For calendar year 2023, or tax year beginning 07/01/23 , ending 06/30/24	2022 & 2023
-----------------	---	------------------------

Name

Taxpayer Identification Number

UNITED WAY OF ROCK RIVER VALLEY**36-2167843**

		2022	2023	Differences
Revenue	1. Contributions, gifts, grants	1. 2,565,062	3,430,753	865,691
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4.		
	5. Investment income	5. 78,480	173,409	94,929
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 29,943	15,659	-14,284
	12. Total revenue. Add lines 1 through 11	12. 2,673,485	3,619,821	946,336
Expenses	13. Grants and similar amounts paid	13. 489,281	1,307,283	818,002
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.	268,649	268,649
	16. Salaries, other compensation, and employee benefits	16. 1,038,071	729,951	-308,120
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 63,009	57,750	-5,259
	19. Occupancy, rent, utilities, and maintenance	19. 58,349	19,315	-39,034
	20. Depreciation and Depletion	20. 8,138	5,913	-2,225
	21. Other expenses	21. 396,934	752,698	355,764
	22. Total expenses. Add lines 13 through 21	22. 2,053,782	3,141,559	1,087,777
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 619,703	478,262	-141,441
Other Information	24. Total exempt revenue	24. 2,673,485	3,619,821	946,336
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 108,423	189,068	80,645
	27. Total assets	27. 8,583,112	9,746,473	1,163,361
	28. Total liabilities	28. 401,211	363,223	-37,988
	29. Retained earnings	29. 8,181,901	9,383,250	1,201,349
	30. Number of voting members of governing body	30. 13	12	
	31. Number of independent voting members of governing body	31. 13	12	
	32. Number of employees	32. 16	19	
	33. Number of volunteers	33. 219	583	

Form 990	Tax Return History	2023
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Name UNITED WAY OF ROCK RIVER VALLEY	Employer Identification Number 36-2167843
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	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants				2,565,062	3,430,753	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income				78,480	173,409	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				29,943	15,659	
Total revenue				2,673,485	3,619,821	
Grants and similar amounts paid				489,281	1,307,283	
Benefits paid to or for members						
Compensation of officers, etc.					268,649	
Other compensation				1,038,071	729,951	
Professional fees				63,009	57,750	
Occupancy costs				58,349	19,315	
Depreciation and depletion				8,138	5,913	
Other expenses				396,934	752,698	
Total expenses				2,053,782	3,141,559	
Excess or (Deficit)				619,703	478,262	
Total exempt revenue				2,673,485	3,619,821	
Total unrelated revenue						
Total excludable revenue				108,423	189,068	
Total Assets				8,583,112	9,746,473	
Total Liabilities				401,211	363,223	
Net Fund Balances				8,181,901	9,383,250	

Taxable Interest on Investments

Description		Unrelated	Exclusion	Postal	Acquired after	US
	Amount	Business	Code	Code	6/30/75	Obs (\$ or %)
REALIZED GAIN/LOSS	\$ 139,244		14			
INVESTMENT INCOME	37,774		14			
CHANGE IN BENEFICIAL INTEREST	-3,609		14			
TOTAL	\$ 173,409					

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
DUES AND SUBSCRIPTIONS	\$ 33,713	\$ 19,554	\$ 10,114	\$ 4,045
SUPPLIES	15,019	8,710	4,506	1,803
PAYMENTS TO AFFILIATED OR	12,482	7,239	3,745	1,498
TELEPHONE	4,443	2,577	1,333	533
OTHER EXPENSES	447		447	
TOTAL	\$ 66,104	\$ 38,080	\$ 20,145	\$ 7,879

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
OTHER	\$ 2,156,654
CITY OF ROCKFORD	
CASH CONTRIBUTION	38,933
BARBER-COLMAN MANAGEMENT FUND	
CASH CONTRIBUTION	77,057
PACCAR INC	
CASH CONTRIBUTION	38,483
FIELD	
CASH CONTRIBUTION	34,468
SMITH CHARITABLE FOUNDATION	
CASH CONTRIBUTION	25,000
ORTHOILLINOIS	
CASH CONTRIBUTION	58,530
SCHUNCKS MARKETS	
CASH CONTRIBUTION	54,882
HOLMBECK ENDOWMENT	
CASH CONTRIBUTION	55,078
RAYMOND JAMES & ASSOCIATES, INC.	
CASH CONTRIBUTION	67,646
BMO HARRIS BANK	
CASH CONTRIBUTION	35,538
BERGSTROM INC.	
CASH CONTRIBUTION	90,891
STELLANTIS	
CASH CONTRIBUTION	99,286
EXELON	
CASH CONTRIBUTION	28,000
EMERSON	
CASH CONTRIBUTION	27,873
DANFOSS	
CASH CONTRIBUTION	29,417
COLLINS AEROSPACE	
CASH CONTRIBUTION	81,622
SWEDISH AMERICAN	
CASH CONTRIBUTION	35,344
WOODWARD, INC.	
CASH CONTRIBUTION	164,350
GUY RENO FAMILY FOUNDATION	

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION	\$ 40,000
KJELLSTROM ENDOWMENT	
CASH CONTRIBUTION	55,512
HINSHAW & CULBERTSON	
CASH CONTRIBUTION	26,119
ASSOCIATED BANK	
CASH CONTRIBUTION	110,070
TOTAL	\$ 3,430,753

Schedule A, Part II, Line 8(e)

Description	Amount
REALIZED GAIN/LOSS	\$ 139,244
INVESTMENT INCOME	37,774
CHANGE IN BENEFICIAL INTEREST	-3,609
TOTAL	\$ 173,409

Schedule A, Part II, Line 12 - Current year

Description	Amount
MISCELLANEOUS	\$ 15,659
TOTAL	\$ 15,659

Illinois Return Summary

For calendar year 2023, or tax year beginning **07/01/23** , and ending **06/30/24**

36-2167843

UNITED WAY OF ROCK RIVER VALLEY

Amount you are paying (IL-990T)

Apportionment

Total sales everywhere

Total Illinois sales

Apportionment factor

0
0.000000%

Net income or loss

Investment credits

Net replacement tax

Income tax credits

Net income tax

Credit from prior year overpayment

Total estimated payments

Extension payment

Pass-through withholding payments

Pass-through entity tax credits

Gambling withholding

Total payments

Overpayment

Amount to credit forward

Refund

Tax due before penalty and interest

Late payment interest

Failure to pay penalty

Failure to file penalty

Total amount due

Next Year's Estimates

1st quarter

2nd quarter

3rd quarter

4th quarter

Total

Charitable Registration

Filing fee

Return / extended due date

15

12/31/24

Miscellaneous Information

Amended return

IL-990T due date /extended date 05/15/25

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL

Revised 01/24

For Office Use Only

PMT #

AMT

INIT

Illinois Attorney General Kwame Raoul
Charitable Trust Bureau, 115 S. LaSalle St
Chicago, IL 60603

CO # 01-003293

Report for the Fiscal Period:

Beginning 07/01/2023

& Ending 06/30/2024

MO DAY YR

Check all items attached:

- ☒ Copy of IRS Return
- ☒ Audited Financial Statements
- ☐ Reviewed Financial Statements
- ☐ Copy of Form IFC
- ☒ \$15 Annual Report Filing Fee
- ☐ \$100 Late Report Filing Fee

Make Checks
Payable to
Illinois Charity
Bureau Fund

Federal ID # 36-2167843

Are contributions to the organization tax deductible? Yes ☐ No ☐

Date organization was created: 01/01/1920
MO DAY YR

Legal Name: UNITED WAY OF ROCK RIVER VALLEY	YEAR-END AMOUNTS	
Mail Address: 612 N. MAIN STREET SUITE 300	A) ASSETS	A) \$ 9,746,473
City, State: ROCKFORD IL	B) LIABILITIES	B) \$ 363,223
Zip Code: 61103	C) NET ASSETS	C) \$ 9,383,250
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV.(GROSS AMTS.)	95 %	D) \$ 3,430,753
E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	0 %	E) \$ 0
F) OTHER REVENUES	5 %	F) \$ 189,068
G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E & F)	100%	G) \$ 3,619,821
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR		
H) OPERATING CHARITABLE PROGRAM EXPENSE	40 %	H) \$ 1,265,980
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	40 %	J) \$ 1,265,980
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN \$)		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	42 %	K) \$ 1,307,283
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	82 %	L) \$ 2,573,263
M) MANAGEMENT AND GENERAL EXPENSE	10 %	M) \$ 308,460
N) FUNDRAISING EXPENSE	8 %	N) \$ 259,836
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)	100%	O) \$ 3,141,559
III. SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES		
(Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100%	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q = R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: JULIE BOSMA CEO		T) \$ 136,000
U) NAME, TITLE: THERESA MERRIMAN CFO		U) \$ 99,992
V) NAME, TITLE: JESSICA ISAPARRO DIRECTOR OF COMMUNIT		V) \$ 85,000
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	List on back side of Instructions CODE	
W) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATIONS	W) #	150
X) DESCRIPTION: COMMUNITY SERVICES - FEMA, 211	X) #	300
Y) DESCRIPTION: EDUCATION INITIATIVE - SUCCESS BY SIX	Y) #	115

UNITED WAY OF ROCK RIVER VALLEY 36-2167843

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGEMENT?		X
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		X
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		X
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		X
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC.)		X
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
7b. IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		X
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		X
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: SEE STATEMENT 1		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON CAROL BRIGHAM		
		815-968-5400

• ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT – SEE INSTRUCTIONS •

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

JULIE BOSMA			
BE SURE TO INCLUDE ALL FEES DUE	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.	DALE DICKINSON		
2.) FOR FEES DUE, SEE INSTRUCTIONS	TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.	MARK OLSON		
	PREPARER (PRINT NAME)	SIGNATURE	DATE

Statement 1 - Form AG990-IL, Page 2, Line 11 - Financial Institutions where Organization Maintains Three Largest Accounts

Description
ASSOCIATED BANK, 612 N MAIN ST, ROCKFORD, IL 61103
ILLINOIS BANK & TRUST, 4048 EAST STATE ST, ROCKFORD, IL 61108
BLACKHAWK BANK, 3101 11TH ST, ROCKFORD, IL 61109