Nonprofit Explorer

Research Tax-Exempt Organizations

ROCKFORD AREA ECONOMIC DEVELOPMENT COUNCIL

ROCKFORD, IL 61101-1099 | TAX-EXEMPT SINCE MAY 1981

Full text of "Full Filing" for fiscal year ending Dec. 2019

Tax returns filed by nonprofit organizations are public records. The Internal Revenue Service releases them in two formats: page images and raw data in XML. The raw data is more useful, especially to researchers, because it can be extracted and analyzed more easily. The pages below are a reconstruction of a tax document using raw data from the IRS.

Source: *Data and stylesheets from the Internal Revenue Service. E-file viewer adapted from IRS e-File Viewer by Ben Getson.*

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efile Public Visual Render | ObjectId: 202120309349300107 - Submission:

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exemp

Under section 501(c), 527, or 4947(a)(1) of the Internal Reve

▶ Do not enter social security numbers on this fo

▶ **Go to *www.irs.gov/Form990* for instructions**

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ROCKFORD AREA ECONOMIC DEVELOPMENT COUNCIL INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)
100 PARK AVENUE SUITE 100

City or town, state or province, country, and ZIP or foreign postal code
ROCKFORD, IL 61101

F Name and address of principal officer:
ERIC CUNNINGHAM
100 PARK AVENUE SUITE 100
ROCKFORD, IL 61101

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ ROCKFORDIL.COM

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE ROCKFORD AREA ECONOMIC DEVELOPMENT COUNCIL CULTIVATES O
ECONOMIC WELL-BEING OF OUR REGION.

2 Check this box ▶ ☐
3 Number of voting members of the governing body (Part VI, line 1a) . . . .
4 Number of independent voting members of the governing body (Part VI, line 1b)
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) .
6 Total number of volunteers (estimate if necessary) . . . . . .
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . .
b Net unrelated business taxable income from Form 990-T, line 39 . . . .

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . .
9 Program service revenue (Part VIII, line 2g) . . . . . .
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . .
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

ks

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . .
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

Expense

16a	Professional fundraising fees (Part IX, column (A), line 11e)	
b	Total fundraising expenses (Part IX, column (D), line 25) ▶266,800	
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	
19	Revenue less expenses. Subtract line 18 from line 12	

Net Assets or Fund Balances

20	Total assets (Part X, line 16)	
21	Total liabilities (Part X, line 26)	
22	Net assets or fund balances. Subtract line 21 from line 20	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying s
true, correct, and complete. Declaration of preparer (other than officer) is based on all informati

Sign Here

▶ Signature of officer

▶ ERIC CUNNINGHAM VICE CHAIR/TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature
Firm's name ▶ SIEPERT & CO LLP	
Firm's address ▶ 1920 WEST HART ROAD BELOIT, WI 53511	

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

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:

THE ROCKFORD AREA ECONOMIC DEVELOPMENT COUNCIL CULTIVATES OPPORTUNI
WELL-BEING OF OUR REGION.

2 Did the organization undertake any significant program services during the year which w
the prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts,
services?
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three large
and 501(c)(4) organizations are required to report the amount of grants and allocations t
service reported.

4a (Code:) (Expenses $ including grants of $
BUSINESS ATTRACTION: ATTRACTING BUSINESSES TO LOCATE OR RELOCATE TO THE ROC

4b (Code:) (Expenses $ including grants of $
BUSINESS EXPANSION & RETENTION: ASSISTING EXISTING AREA BUSINESSES TO RETAIN C

4c	(Code:) (Expenses $ including grants of $ BUSINESS CLIMATE SERVICES: WORK WITH CURRENT AND POTENTIAL RAEDC INVESTORS
4d	Other program services (Describe in Schedule O.) (Expenses $ including grants of $
4e	**Total program service expenses** ▶

Form 990 (2019)

Part IV **Checklist of Required Schedules**

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private fou	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see inst	
3	Did the organization engage in direct or indirect political campaign activities on behalf of *If "Yes," complete Schedule C, Part I*	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or tax year? *If "Yes," complete Schedule C, Part II*	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part*	
6	Did the organization maintain any donor advised funds or any similar funds or accounts on the distribution or investment of amounts in such funds or accounts? *If "Yes," comple Schedule D,* Part I	
7	Did the organization receive or hold a conservation easement, including easements to p the environment, historic land areas, or historic structures? *If "Yes," complete Schedule*	
8	Did the organization maintain collections of works of art, historical treasures, or other sir *complete Schedule D,* Part III	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account listed in Part X; or provide credit counseling, debt management, credit repair, or debt ne *If "Yes," complete Schedule D, Part IV*	
10	Did the organization, directly or through a related organization, hold assets in temporaril endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	
11	If the organization's answer to any of the following questions is "Yes," then complete Sch applicable.	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line *Schedule D,* Part VI.	
b	Did the organization report an amount for investments—other securities in Part X, line 1 Part X, line 16? *If "Yes," complete Schedule D, Part VII*	
c	Did the organization report an amount for investments—program related in Part X, line in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or m *If "Yes," complete Schedule D, Part IX*	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," cor*	
f	Did the organization's separate or consolidated financial statements for the tax year incl liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule*	
12a	Did the organization obtain separate, independent audited financial statements for the ta *Schedule D, Parts XI and XII*	
b	Was the organization included in consolidated, independent audited financial statements	

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D,

13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Sch*

14a Did the organization maintain an office, employees, or agents outside of the United Stat

b Did the organization have aggregate revenues or expenses of more than $10,000 from and program service activities outside the United States, or aggregate foreign investme *complete Schedule F, Parts I and IV* . . . . . .

15 Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or organization? *If "Yes," complete Schedule F, Parts II and IV* . . . . .

16 Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregat individuals? *If "Yes," complete Schedule F, Parts III and IV* . . .

17 Did the organization report a total of more than $15,000 of expenses for professional fu and 11e? *If "Yes," complete Schedule G, Part I* (see instructions) . . . .

18 Did the organization report more than $15,000 total of fundraising event gross income a *"Yes," complete Schedule G, Part II* . . . . . .

19 Did the organization report more than $15,000 of gross income from gaming activities o *G, Part III* . . . . . .

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule*

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements

21 Did the organization report more than $5,000 of grants or other assistance to any dome Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* . . . .

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

22 Did the organization report more than $5,000 of grants or other assistance to or for dom *"Yes," complete Schedule I, Parts I and III* . . . . . .

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensa officers, directors, trustees, key employees, and highest compensated employees? *If "Y* . . . . . .

24a Did the organization have a tax-exempt bond issue with an outstanding principal amoun year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d* . . . . . .

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peri

c Did the organization maintain an escrow account other than a refunding escrow at any t to defease any tax-exempt bonds? . . . . . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time du

25a **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization enga disqualified person during the year? *If "Yes," complete Schedule L,* Part I . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqual transaction has not been reported on any of the organization's prior Forms 990 or 990-E . . . . . .

26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or pa trustee, key employee, creator or founder, substantial contributor, or 35% controlled enti *If "Yes,"complete Schedule L, Part II* . . . . . .

27 Did the organization provide a grant or other assistance to any current or former officer, founder, substantial contributor, or employee thereof, a grant selection committee memb employee thereof) or family member of any of these persons? *If "Yes," completeSchedu* . . . . . .

28 Was the organization a party to a business transaction with one of the following parties (applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, key employee, creator or founder, or substa *Part IV* . . . . . .

b A family member of any individual described in line 28a? *If "Yes," complete Schedule L,*

c A 35% controlled entity of one or more individuals and/or organizations described in line *Part IV* . . . . . .

29 Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," com*

30 Did the organization receive contributions of art, historical treasures, or other similar ass *If "Yes," complete Schedule M* . . . . . .

31 Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," co*

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net ass . . . . . .

33 Did the organization own 100% of an entity disregarded as separate from the organizati 301.7701-3? *If "Yes," complete Schedule R, Part I* . . . . . .

34 Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Sch* . . . . . .

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any tran of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* . . .

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exemp *If "Yes," complete Schedule R, Part V, line 2* . . . . . .

37 Did the organization conduct more than 5% of its activities through an entity that is not a partnership for federal income tax purposes?*If "Yes," complete Schedule R, Part VI*

38 Did the organization complete Schedule O and provide explanations in Schedule O for P filers are required to complete Schedule O. . . . . .

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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 in line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to ve winnings to prize winners? . . . . . .

Part V Statements Regarding Other IRS Filings and Tax Compliance *(co*

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and TaxStatements, filed for the calendar year ending with or within the year covered by this . . . . . .

b If at least one is reported on line 2a, did the organization file all required federal employ **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (se

3a Did the organization have unrelated business gross income of $1,000 or more during th

b If "Yes," has it filed a Form 990-T for this year?*If "No" to line 3b, provide an explanation*

4a At any time during the calendar year, did the organization have an interest in, or a signa a foreign country (such as a bank account, securities account, or other financial accoun

b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank ar

5a Was the organization a party to a prohibited tax shelter transaction at any time during th

b Did any taxable party notify the organization that it was or is a party to a prohibited tax s

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . .

6a Does the organization have annual gross receipts that are normally greater than $100,0 contributions that were not tax deductible as charitable contributions? . . .

b If "Yes," did the organization include with every solicitation an express statement that su . . . . . .

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 a payor? . . . . . .

b If "Yes," did the organization notify the donor of the value of the goods or services provic

c Did the organization sell, exchange, or otherwise dispose of tangible personal property f . . . . . .

d If "Yes," indicate the number of Forms 8282 filed during the year . . . .

e Did the organization receive any funds, directly or indirectly, to pay premiums on a perso

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal

g If the organization received a contribution of qualified intellectual property, did the organ . . . . . .

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, dic . . . . . .

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fu have excess business holdings at any time during the year? . . . . . .

9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966? .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders . . . . . .

b Gross income from other sources (Do not net amounts due or paid to other sources aga due or received from them.) . . . . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 i

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

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 Sch

b Enter the amount of reserves the organization is required to maintain by the states in wh organization is licensed to issue qualified health plans . . . .

c Enter the amount of reserves on hand . . . . . .

14a Did the organization receive any payments for indoor tanning services during the tax ye

b If "Yes," has it filed a Form 720 to report these payments?*If "No," provide an explanatior*

15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,0 payment(s) during the year? . . . . . .
If "Yes," see instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on n

16 Is the organization an educational institution subject to the section 4968 excise tax on n
If "Yes," complete Form 4720, Schedule O.

Form 990 (2019)

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 below, describe the circumstances, processes, or changes in Schedule O. See ins*

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

Section A. Governing Body and Management

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, governing body delegated broad authority to an executive committee or similar committe Schedule O.

b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a busines trustee, or key employee? . . . . . .

3 Did the organization delegate control over management duties customarily performed b directors or trustees, or key employees to a management company or other person? .

4 Did the organization make any significant changes to its governing documents since the

5 Did the organization become aware during the year of a significant diversion of the orga

6 Did the organization have members or stockholders? . . . . . .

7a Did the organization have members, stockholders, or other persons who had the power governing body? . . . . . .

b Are any governance decisions of the organization reserved to (or subject to approval by the governing body? . . . . . .

8 Did the organization contemporaneously document the meetings held or written actions

a The governing body? . . . . . .

b Each committee with authority to act on behalf of the governing body? . . . .

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who address? *If "Yes," provide the names and addresses in Schedule O* . . . . .

Section B. Policies (*This Section B requests information about policies not requ*

10a Did the organization have local chapters, branches, or affiliates? . . . . .

b If "Yes," did the organization have written policies and procedures governing the activitie ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its g . . . . . .

b Describe in Schedule O the process, if any, used by the organization to review this Form

12a Did the organization have a written conflict of interest policy? *If "No," go to line 13* .

b Were officers, directors, or trustees, and key employees required to disclose annually in . . . . . .

c Did the organization regularly and consistently monitor and enforce compliance with the *was done* . . . . . .

13 Did the organization have a written whistleblower policy? . . . . . .

14 Did the organization have a written document retention and destruction policy? . .

15 Did the process for determining compensation of the following persons include a review comparability data, and contemporaneous substantiation of the deliberation and decisio

a The organization's CEO, Executive Director, or top management official

a The organization's CEO, Executive Director, or top management official . . . . .

b Other officers or key employees of the organization . . . . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or sim year? . . . . . .

b If "Yes," did the organization follow a written policy or procedure requiring the organizati arrangements under applicable federal tax law, and take steps to safeguard the organiz arrangements? . . . . . .

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain i

19 Describe in Schedule O whether (and if so, how) the organization made its governing do statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the orga ▶ERIC CUNNINGHAM 100 PARK AVENUE SUITE 100 ROCKFORD, IL 61101 (815

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, H Contractors**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calend

- List all of the organization's **current** officers, directors, trustees (whether individuals or or 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 o
- List the organization's five **current** highest compensated employees (other than an officer, who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated empl 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 organization, more than $10,000 of reportable compensation from the organization and any rel

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

☐ Check this box if neither the organization nor any related organization compensated any c

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not che than one box, unless both an officer a director/truste			
		Individual trustee or director	Institutional Trustee	Officer	Key employee
(1) NATHAN BRYANT ..... PRESIDENT/CE	45.00 ..... 5.00			X	
(2) JARID FUNDERBURG	40.00				

VP OF BUSINE	5.00				
(3) STEPHANIE JONES VP OF SALES	40.00 5.00				
(4) JERRY SAGONA VP OF BUSINE	40.00 5.00				
(5) DALE ADAMS EX-OFFICIO V	5.00	X			
(6) DAVID ANSPAUGH DIRECTOR	5.00	X			
(7) JON BATES EX-OFFICIO V	5.00	X			
(8) EDWARD C BERG DIRECTOR	5.00	X			
(9) DR LISA BLY EX-OFFICIO N	5.00	X			
(10) DR MICHAEL BORN LDRSHIP/CARE	5.00	X			
(11) DR MIKE BORN DIRECTOR	5.00	X			
(12) CONOR BROWN DIRECTOR	5.00	X			
(13) JERRY BUSSE DIRECTOR	5.00	X			
(14) TODD CAGNONI EX-OFFICIO N	5.00	X			
(15) PAULA CARYNSKI DIRECTOR AT	5.00	X			
(16) JOHN CHADWICK BUS/COMM CO-	5.00	X			
(17) ERIC CUNNINGHAM VICE CHAIR/T	5.00	X		X	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations	(C) Position (do not checl than one box, unless p both an officer an director/trustee)				

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest
(18) SCOT DOBBS DIRECTOR	5.00	X				
(19) DR JOHN DORSEY DIRECTOR AT	5.00	X				
(20) TIM DURKEE EX-OFFICIO N	5.00	X				
(21) REBECCA EPPERSON DIRECTOR	5.00	X				
(22) PAM FETTES EX-OFFICIO N	5.00	X				
(23) EINAR FORSMAN EX-OFFICIO V	5.00	X				
(24) PAUL GAIER BUS/COMM CO-	5.00	X				
(25) GEORGE GAULRAPP DIRECTOR	5.00	X				
(26) LINDA GERBER DIRECTOR	5.00	X				
(27) THOMAS GREEN DIRECTOR	5.00	X				
(28) JOHN GROH EX-OFFICIO V	5.00	X				
(29) MICK GRONEWOLD CARE CO-CHAI	5.00	X				
(30) JENNIFER HALL DIRECTOR	5.00	X				
(31) FRANK HANEY CHAIRMAN WIN	5.00	X				
(32) TIM HANSON EX-OFFICIO V	5.00	X				
(33) MATTHEW HEVRIN DIRECTOR	5.00	X				
(34) KAREN HOFFMAN EX-OFFICIO N	5.00	X				
(35) JEFFREY HULTMAN ED FOR WKFOR	5.00	X				
(36) R RICHARD BASTIAN III DIRECTOR	5.00	X				
(37) STEVE JOHNSON EX-OFFICIO V	5.00	X				
(38) GARY JURY EX-OFFICIO N	5.00	X				
(39) GREG JURY EX-OFFICIO V	5.00	X				

(40) KELLY LATTIMER DIRECTOR AT	5.00	X				
(41) PENELOPE LECHTENBERG DIRECTOR	5.00	X				
(42) PAUL LOGLI EX-OFFICIO V	5.00	X				
(43) BRAD MCGUIRE DIRECTOR	5.00	X				
(44) TOM MCNAMARA MAYOR CITY O	5.00	X				
(45) DR W STEPHEN MINORE DIRECTOR	5.00	X				
(46) PATRICK MORROW DIRECTOR	5.00	X				
(47) REBECCA MOTLEY EX-OFFICIO N	5.00	X				
(48) ED MUNGUIA DIRECTOR	5.00	X				
(49) TIM MYERS DIRECTOR	5.00	X				
(50) SAGAR PATEL DIRECTOR	5.00	X				
(51) MIKE PATERSON CHAIRMAN	5.00	X		X		
(52) MICHELE PETRIE IMMEDIATE PA	5.00	X		X		
(53) SUNIL PURI DIRECTOR AT	5.00	X				
(54) JIMMY ROZINSKY CARE CO-CHAI	5.00	X				
(55) JOHN SAUNDERS AEROSPACE CO	5.00	X				
(56) JOEL SJOSTROM DIRECTOR	5.00	X				
(57) STEVE STADELMAN EX-OFFICIO N	5.00	X				
(58) DR ALEX STAGNARO-GREEN EX-OFFICIO V	5.00	X				
(59) DAVE SYVERSON EX-OFFICIO V	5.00	X				
(60) SPITAMAN TATA AEROSPACE CO	5.00	X				
(61) GLEN TURPOFF DIRECTOR	5.00	X				
(62) BRENT WARD DIRECTOR	5.00	X				
1b Sub-Total						
c Total from continuation sheets to Part VII, Section A						
d Total (add lines 1b and 1c)						

2 Total number of individuals (including but not limited to those listed above) who received compensation from the organization ▶ 4

3 Did the organization list any **former** officer, director or trustee, key employee, or highest
If "Yes," complete Schedule J for such individual . . . . . .

4 For any individual listed on line 1a, is the sum of reportable compensation and other cor
organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* . . . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated org
the organization?*If "Yes," complete Schedule J for such person* . . . . . .

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that rece
Report compensation for the calendar year ending with or within the organization's tax y

(A) Name and business address

2 Total number of independent contractors (including but not limited to those listed above) w
the organization ▶

Part VIII **Statement of Revenue**

Check if Schedule Ocontains a response or note to any line in this Part VIII

		(A) Total rever
Contributions, Gifts, Grants and Other Similar Amounts	erated campaigns . . 1a	
	nbership dues . . 1b	1,192,704
	draising events . . 1c	
	ted organizations 1d	
	rnment grants (contributions) 1e	
	her contributions, gifts, grants, and ar amounts not included above 1f	118,475
	g Noncash contributions included in lines 1a - 1f:$ 1g	
	h Total. Add lines 1a-1f . . . . . ▶	1,311,179
	Business Code	
PROGRAM SERVICE REVENUE		

Program Service Revenue

2a	PROGRAM SERVICE REVENUE	900099	
b	EVENT REGISTRATION	900099	
c	SPONSORSHIPS	900099	
d			
e			
f	All other program service revenue.		
g	**Total.** Add lines 2a–2f. . . . . ▶	179,680	

3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		
4	Income from investment of tax-exempt bond proceeds ▶		
5	Royalties . . . . . ▶		

		(i) Real	(ii) Personal
6a	Gross rents 6a		
b	Less: rental expenses 6b		
c	Rental income or (loss) 6c		
d	Net rental income or (loss) . . . . . ▶		

		(i) Securities	(ii) Other
7a	Gross amount from sales of assets other than inventory 7a		47,501
b	Less: cost or other basis and sales expenses 7b		47,525
c	Gain or (loss) 7c		-24
d	Net gain or (loss) . . . . . ▶		

Other Revenue

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		
b		
c		
d All other revenue		
e **Total.** Add lines 11a–11d . . . . . ▶		
12 **Total revenue.** See instructions . . . . . ▶		1

Form 990 (2019)

Part IX **Statement of Functional Expenses**

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

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 expense
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	
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	247
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	483
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26
9 Other employee benefits	53
10 Payroll taxes	56
11 Fees for services (non-employees):	
a Management	
b Legal	11
c Accounting	61
d Lobbying	
e Professional fundraising services. See Part IV, line 17	
f Investment management fees	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	43
12 Advertising and promotion	28

12	Advertising and promotion	28
13	Office expenses	4
14	Information technology	
15	Royalties . .	
16	Occupancy	10
17	Travel	3
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	
19	Conferences, conventions, and meetings	9
20	Interest	
21	Payments to affiliates	
22	Depreciation, depletion, and amortization . .	
23	Insurance . . .	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	
	a PROJECT EXPENDITURE	2
	b MISCELLANEOUS	2
	c	
	d	
	e All other expenses	
25	**Total functional expenses.** Add lines 1 through 24e	1,57
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 ▶ ☐ if following SOP 98-2 (ASC 958-720).	

Part X **Balance Sheet**

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

Assets	1	Cash–non-interest-bearing . . . . .
	2	Savings and temporary cash investments . . . . .
	3	Pledges and grants receivable, net . . . . .
	4	Accounts receivable, net . . . . .
	5	Loans and other payables to any current or former officer, director, trustee, key em creator or founder, substantial contributor, or 35% controlled entity or family memb of these persons . . . . .
	6	Loans and other receivables from other disqualified persons (as defined under sec 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . .
	7	Notes and loans receivable, net . . . . .
	8	Inventories for sale or use . . . . .
	9	Prepaid expenses and deferred charges . . . . .

	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b	Less: accumulated depreciation	10b	
	11	Investments—publicly traded securities		
	12	Investments—other securities. See Part IV, line 11		
	13	Investments—program-related. See Part IV, line 11		
	14	Intangible assets		
	15	Other assets. See Part IV, line 11		
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		
Liabilities	17	Accounts payable and accrued expenses		
	18	Grants payable		
	19	Deferred revenue		
	20	Tax-exempt bond liabilities		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		
	22	Loans and other payables to any current or former officer, director, trustee, key em creator or founder, substantial contributor, or 35% controlled entity or family memb of these persons		
	23	Secured mortgages and notes payable to unrelated third parties		
	24	Unsecured notes and loans payable to unrelated third parties		
	25	Other liabilities (including federal income tax, payables to related third parties, and liabilities not included on lines 17 - 24). Complete Part X of Schedule D		
	26	**Total liabilities.** Add lines 17 through 25		
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ▶ ☑ **and complete l 28, 32, and 33.**		
	27	Net assets without donor restrictions		
	28	Net assets with donor restrictions		
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **and con lines 29 through 33.**		
	29	Capital stock or trust principal, or current funds		
	30	Paid-in or capital surplus, or land, building or equipment fund		
	31	Retained earnings, endowment, accumulated income, or other funds		
	32	Total net assets or fund balances		
	33	Total liabilities and net assets/fund balances		

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	
2	Total expenses (must equal Part IX, column (A), line 25)	
3	Revenue less expenses. Subtract line 2 from line 1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A	
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	

7 Investment expenses . . . . . .

8 Prior period adjustments . . . . . .

9 Other changes in net assets or fund balances (explain in Schedule O) . . . .

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual

If the organization changed its method of accounting from a prior year or checked "Othe Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent a

If 'Yes,' check a box below to indicate whether the financial statements for the year were consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated ar

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 or both:

☐ Separate basis ☑ Consolidated basis ☐ Both consolidated ar

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes respons of the audit, review, or compilation of its financial statements and selection of an indepe

If the organization changed either its oversight process or selection process during the t

3a As a result of a federal award, was the organization required to undergo an audit or aud Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization dic why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2019)

Additional Data

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Form 990, Special Condition Description:

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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Con

▶ Attach to Form 990, 990-

▶ Go to www.irs.gov/Form990 for

Name of the organization
ROCKFORD AREA ECONOMIC DEVELOPMENT COUNCIL INC

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not**
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust trea
	☐ 501(c)(3) taxable private foundation

Check 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

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that receive money or other property) from any one contributor. Complete Parts contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule received from any one contributor, during the year, total contributions 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I ar

☐ For an organization described in section 501(c)(7), (8), or (10) filing F during the year, total contributions of more than $1,000 *exclusively* fo purposes, or for the prevention of cruelty to children or animals. Com

☐ For an organization described in section 501(c)(7), (8), or (10) filing F during the year, contributions *exclusively* for religious, charitable, etc. If this box is checked, enter here the total contributions that were rece purpose. Don't complete any of the parts unless the **General Rule** ap religious, charitable, etc., contributions totaling $5,000 or more during

Caution: An organization that isn't covered by the General Rule and/or the S 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2, of its Form 99 or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing req 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
ROCKFORD AREA ECONOMIC DEVELOPMENT COUNCIL INC

Part I **Contributors** (see instructions). Use duplicate copies of Part I if a

Contributors

(a) No.	(b) Name, address, and ZIP + 4
RESTRICTED	,

(a) No.	(b) Name, address, and ZIP + 4
-	

(a) No.	(b) Name, address, and ZIP + 4
-	

(a) No.	(b) Name, address, and ZIP + 4
-	

(a) No.	(b) Name, address, and ZIP + 4
-	

(a) No.	(b) Name, address, and ZIP + 4
-	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
ROCKFORD AREA ECONOMIC DEVELOPMENT COUNCIL INC

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is

(a) No. from Part I	(b) Description of noncash property given
-	

(a) No. from Part I	(b) Description of noncash property given
-	

(a) No. from Part I	(b) Description of noncash property given
-	

(a) No. from Part I	(b) Description of noncash property given
-	

(a) No. from Part I	(b) Description of noncash property given
-	

(a) No. from Part I	(b) Description of noncash property given
-	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
ROCKFORD AREA ECONOMIC DEVELOPMENT COUNCIL INC

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizati than $1,000 for the year from any one contributor. Complete colu organizations completing Part III, enter the total of *exclusively* re year. (Enter this information once. See instructions.)** ▶ **$** _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use

(e) Transf

Transferee's name, address, and ZIP 4

(a) No. from Part I	(b) Purpose of gift	(c) Use

(e) Transf

Transferee's name, address, and ZIP 4

(a) No. from Part I	(b) Purpose of gift	(c) Use

(e) Transf

Transferee's name, address, and ZIP 4

(a) No. from Part I	(b) Purpose of gift	(c) Use

(e) Transf

Transferee's name, address, and ZIP 4

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lo

For Organizations Exempt From Income Tax Un

▶Complete if the organization is described below. ▶A
▶Go to *www.irs.gov/Form990* for instructions

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-E
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Par
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-E
- Section 501(c)(3) organizations that have filed Form 5768 (election under sectio
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (se (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization
ROCKFORD AREA ECONOMIC DEVELOPMENT COUNCIL INC

Part I-A	**Complete if the organization is exempt under section 501(c)or is**	
1	Provide a description of the organization's direct and indirect political campaign activities activities")	
2	Political campaign activity expenditures (see instructions)	
3	Volunteer hours for political campaign activities (see instructions)	
Part I-B	**Complete if the organization is exempt under section 501(c)(3).**	
1	Enter the amount of any excise tax incurred by the organization under section 4955	
2	Enter the amount of any excise tax incurred by organization managers under section 49	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?.....	
4a	Was a correction made?	
b	If "Yes," describe in Part IV.	
Part I-C	**Complete if the organization is exempt under section 501(c),exce**	
1	Enter the amount directly expended by the filing organization for section 527 exempt fun	
2	Enter the amount of the filing organization's funds contributed to other organizations for ..... ▶	
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-PC	
4	Did the filing organization file **Form 1120-POL** for this year?.....	

5 Enter the names, addresses and employer identification number (EIN) of all section 527 organization made payments. For eachorganization listed, enter the amount paid from th received that were promptly and directlydelivered to a separate political organization, su additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN
1		
2		
3		
4		
5		
6		

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

Schedule C (Form 990 or 990-EZ) 2019

Part II-A **Complete if the organization isexempt under section 501(c)(3)**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV ea expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions app

Limits on Lobbying Expenditures

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

1a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....

b Total lobbying expenditures to influence a legislative body (direct lobbying) .....

c Total lobbying expenditures (add lines 1a and 1b) .....

d Other exempt purpose expenditures .....

e Total exempt purpose expenditures (add lines 1c and 1d) .....

f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable an**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess o
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess o
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess ov
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f) .....

h Subtract line 1g from line 1a. If zero or less, enter -0-. .....

i Subtract line 1f from line 1c. If zero or less, enter -0-. .....

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Fo section 4911 tax for this year?.....

4-Year Averaging Period Under
(Some organizations that made a section 501(h) electio
columns below. See the separate instructic

Lobbying Expenditures During 4-Ye

	Calendar year (or fiscal year beginning in)	**(a)** 2016	
2a	Lobbying nontaxable amount		
b	Lobbying ceiling amount (150% of line 2a, column(e))		
c	Total lobbying expenditures		
d	Grassroots nontaxable amount		
e	Grassroots ceiling amount (150% of line 2d, column (e))		
f	Grassroots lobbying expenditures		

Part II-B **Complete if the organization is exempt under section 501(c)(3)**
under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description c

1	During the year, did the filing organization attempt to influence foreign, national, state or to influence public opinion on a legislative matter or referendum, through the use of:	
a	Volunteers?	
b	Paid staff or management (include compensation in expenses reported on lines 1c throu	
c	Media advertisements?	
d	Mailings to members, legislators, or the public?	
e	Publications, or published or broadcast statements?	
f	Grants to other organizations for lobbying purposes?	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar mear	
i	Other activities?	
j	Total. Add lines 1c through 1i	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)	
b	If "Yes," enter the amount of any tax incurred under section 4912	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? ...	

Part III-A **Complete if the organization is exempt undersection 501(c)(4),**

1	Were substantially all (90% or more) dues received nondeductible by members?	
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	
3	Did the organization agree to carry over lobbying and political expenditures from the prio	

Part III-B	**Complete if theorganization is exempt under section 501(c)(4), Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lin**
1	Dues, assessments and similar amounts from members .....
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amou the section 527(f) tax was paid).**
a	Current year .....
b	Carryover from last year .....
c	Total .....
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 16
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portic agree to carryover to the reasonable estimate of nondeductible lobbying and political exp .....
5	Taxable amount of lobbying and political expenditures (seeinstructions) .....

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (a line 1. Also, complete this part for any additional information.

Return Reference	Explanation

Additional Data

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial S

▶ **Complete if the organization answered "Y Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 1**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions an**

Name of the organization
ROCKFORD AREA ECONOMIC DEVELOPMENT COUNCIL INC

Part I Organizations Maintaining Donor Advised Funds or Other Similar F
Complete if the organization answered "Yes" on Form 990, Part IV, line 6

		(a) Donor advi
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 c property, subject to the organization's exclusive legal control?. . . . . .

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant fur not for the benefit of the donor or donor advisor, or for any other purpose conferring imperm . . . . . .

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).

- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution i of the tax year.

a Total number of conservation easements . . . . . .

b Total acreage restricted by conservation easements . . . . . .

c Number of conservation easements on a certified historic structure included in (a) . . . .

d Number of conservation easements included in (c) acquired after 7/25/06, and not on a hist the National Register . . .

3 Number of conservation easements modified, transferred, released, extinguished, or termin 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, h the conservation easements it holds?. . . . . .

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enfo ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcin ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of s (4)(B)(ii)?. . . . . .

9 In Part XIII, describe how the organization reports conservation easements in its revenue a balance sheet, and include, if applicable, the text of the footnote to the organization's financ the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, 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 s other similar assets held for public exhibition, education, or research in furtherance of publi financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue state other similar assets held for public exhibition, education, or research in furtherance of publi

(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 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 . . . . . .

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

Part III Organizations Maintaining Collections of Art, Historical Treasures,

3 Using the organization's acquisition, accession, and other records, check any of the followi apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐
- e ☐

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

5 During the year, did the organization solicit or receive donations of art, historical treasures

assets to be sold to raise funds rather than to be maintained as part of the organization's co

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or oth included on Form 990, Part X? . . . . . .

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

c Beginning balance . . . . . .

d Additions during the year . . . . . .

e Distributions during the year . . . . . .

f Ending balance . . . . . .

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodia

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 1

		(a) Current year	**(b)** Prior yea
1a	Beginning of year balance		
b	Contributions . . .		
c	Net investment earnings, gains, and losses		
d	Grants or scholarships . . .		
e	Other expenditures for facilities and programs . . .		
f	Administrative expenses		
g	End of year balance		

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Term endowment ▶ .....

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 adm organization by:

(i) Unrelated organizations . . . . . .

(ii) Related organizations . . . . . .

b If "Yes" on 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 1

	Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (ot
1a	Land		
b	Buildings		
c	Leasehold improvements		
d	Equipment		
e	Other		

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 1

(a) Description of security or category (including name of security)	**(b)** Book val
(1) Financial derivatives	
(2) Closely-held equity interests	
(3) Other	
(A) CERTIFICATES OF DEPOSIT	1
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
(I)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	1

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 1

(a) Description of investment
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)*

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11

(a) Description
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)

Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)*	. .

Part X **Other Liabilities.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11

1.	**(a)** Description of liability
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)*	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organizatio
uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been pr

Schedule D (Form 990) 2019

Part XI **Reconciliation of Revenue per Audited Financial Statements With I**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 1

1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e	Add lines **2a** through **2d**	
3	Subtract line **2e** from line **1**	
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 .	
b	Other (Describe in Part XIII.)	
c	Add lines **4a** and **4b**	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) . . .	

Part XII **Reconciliation of Expenses per Audited Financial Statements With**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 1

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

3	Subtract line **2e** from line **1**	
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	
b	Other (Describe in Part XIII.)	
c	Add lines **4a** and **4b**	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)	

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
Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	
SCHEDULE D, PAGE 3, PART X	INCOME TAXES RAEDC IS A N TAXES UNDER INTERNAL RE EXEMPT FROM FEDERAL AN 501(C)(3) AS OTHER THAN A INCOME TAXES IN THE CONS EVALUATED UNCERTAIN TAX POSITIONS AS OF DECEMBE REPORTING REQUIREMENTS ILLINOIS. TAX REGULATIONS THE RELATED TAX LAWS ANI RETURNS REMAIN OPEN FOI DECEMBER 31, 2019, THERE TAXING AUTHORITIES RAEDC

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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

Name of the organization	Em
ROCKFORD AREA ECONOMIC DEVELOPMENT COUNCIL INC	36-

Part I **Questions Regarding Compensation**

1a Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- ☐ First-class or charter travel
- ☐ Travel for companions
- ☐ Tax idemnification and gross-up payments
- ☐ Discretionary spending account
- ☐ Housing allowance or residence for personal
- ☐ Payments for business use of personal resid
- ☐ Health or social club dues or initiation fees
- ☐ Personal services (e.g., maid, chauffeur, chel

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursen of the expenses described above? If "No," complete Part III to explain.

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- ☐ Compensation committee
- ☐ Independent compensation consultant
- ☐ Form 990 of other organizations
- ☐ Written employment contract
- ☐ Compensation survey or study
- ☐ Approval by the board or compensation comm

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or

a Receive a severance payment or change-of-control payment?. . . . . .

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?. . . . . .

c Participate in, or receive payment from, an equity-based compensation arrangement?. . . . . .

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?. . . . . .

b Any related organization?. . . . . .

If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?. . . . . .

b Any related organization?. . . . . .

If "Yes," on line 6a or 6b, describe in Part III.

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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations sectior . . . . . .

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Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use c

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line

(A) Name and Title		**(B)** Breakdown of W-2 and	
		(i) Base compensation	Bonus & compe
1NATHAN BRYANT PRESIDENT/CEO	**(i)**	244,913	- - - -
	(ii)	- - - - - - - - - - - -	

Schedule J (Form 990) 2019

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to

Complete to provide information for respo
Form 990 or 990-EZ or to provide any
▶ Attach to Form 990
▶ Go to *www.irs.gov/Form990* for

Name of the organization
ROCKFORD AREA ECONOMIC DEVELOPMENT COUNCIL INC

Return Reference	Expl
FORM 990, PART VI	LINE 2: SEVERAL BOARD MEMBERS OF ROCKFORD AREA BOARD OF DIRECTORS OF ROCKFORD AREA STRATEGIC THESE MEMBERS INCLUDE: PATERSON, CUNNINGHAM, LA ROZINSKY, PETRIE, CARYNSKI, BORN, HULTMAN, SAUNDE SERVED AS THE PRESIDENT OF BOTH ORGANIZATIONS IN BUSINESS OWNERS AND EMPLOYEES, ALSO ENGAGE IN T COUNCIL. HOWEVER, THESE TRANSACTIONS ARE ALL WI
FORM 990, PAGE 6, PART VI, LINE 1A	THE EXECUTIVE COMMITTEE SHALL EXERCISE THE AUTH OF THE BOARD BUT ONLY TO THE EXTENT NECESSARY T REQUIRES ACTION BETWEEN BOARD MEETINGS AND ACT THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE FOR THE EXECUTIVE COMMITTEE IN THE BYLAWS OR BY
FORM 990, PAGE 6, PART VI, LINE 2	SEE SCH O, PART VI, LINE 2 DETAILS
FORM 990, PAGE 6, PART VI	THE ORGANIZATION IS COMPRISED OF INVESTORS/STOC

PART VI, LINE 6	
FORM 990, PAGE 6, PART VI, LINE 7A	THE INVESTORS/STOCKHOLDERS ARE ABLE TO REVIEW T SELECTION AS EACH BOARD MEMBER TERM COMES TO A
FORM 990, PAGE 6, PART VI, LINE 7B	EACH YEAR, THE INVESTORS/STOCKHOLDERS ARE ABLE SPENT TO FUND RAEDC PROGRAMS.
FORM 990, PAGE 6, PART VI, LINE 11B	REVIEW AND APPROVAL OF THE 990 WILL BE DONE BY TH
FORM 990, PAGE 6, PART VI, LINE 12C	CONFLICT OF INTEREST FORMS ARE COMPLETED BY THE RESPECTIVE TERM BEGINS. CONFLISTS ARE NOTED ON S VOTING ON ANY ISSUE IN WHICH CONFLICTS MAY OCCUR
FORM 990, PAGE 6, PART VI, LINE 15A	THE PRESIDENT'S ANNUAL COMPENSATION PLAN INCLUD REVIEWED AND APPROVED BY THE EXECUTIVE COMMITT
FORM 990, PAGE 6, PART VI, LINE 15B	THE PRESIDENT RECOMMENDS ALL OFFICER SALARY AN AND NATIONAL PEERS PUBLISHED BY NATIONAL ECONOM OF LIVING STATISTICS, AND EXTRAORDINARY PERFORMA AND APPROVED BY THE EXECUTIVE COMMITTEE. ALL NO RECOMMENDED BY THE PRESIDENT AND REVIEWED AND
FORM 990, PAGE 6, PART VI, LINE 19	ROCKFORD AREA ECONOMIC DEVELOPMENT COUNCIL HA INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABL

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and U

▶ **Complete if the organization answered "Yes" on For**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructio**

Name of the organization
ROCKFORD AREA ECONOMIC DEVELOPMENT COUNCIL INC

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 9

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Ye organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Lega or
(1)ROCKFORD AREA STRATEGIC INITIATIVE 100 PARK AVENUE SUITE 100 ROCKFORD, IL 61101 27-0964918	PART VII	

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

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Direct e

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the org related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)

Schedule R (Form 990) 2019

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations

a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . . .

b Gift, grant, or capital contribution to related organization(s) . . . . . .

c Gift, grant, or capital contribution from related organization(s) . . . . . .

d Loans or loan guarantees to or for related organization(s) . . . . . .

e Loans or loan guarantees by related organization(s) . . . . . .

f Dividends from related organization(s) . . . . . .

g Sale of assets to related organization(s) . . . . . .

h Purchase of assets from related organization(s) . . . . . .

i Exchange of assets with related organization(s) . . . . . .

j Lease of facilities, equipment, or other assets to related organization(s) . . . . . .

k Lease of facilities, equipment, or other assets from related organization(s) . . . . . .

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . . .

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . . .

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . . .

o Sharing of paid employees with related organization(s) . . . . . .

p Reimbursement paid to related organization(s) for expenses . . . . . .

q Reimbursement paid by related organization(s) for expenses . . . . . .

r Other transfer of cash or property to related organization(s) . . . . . .

s Other transfer of cash or property from related organization(s) . . . . . .

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including

(a) Name of related organization

Schedule R (Form 990) 2019

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Ye

Provide the following information for each entity taxed as a partnership through which the organization conducted more than fiv
See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Predominant income (related, unrelated, excluded from tax under sections 512-514)	A o **Yes**

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	
SCHEDULE R	PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: NAM PROMOTION OF ECONOMIC DEVELOPMENT DIRECT CONTROLLING ENTI

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Corrections

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