

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Short Form** Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gloss receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

OMB No 1545-1150

2008

Open to Public Inspection

For the 2008 calendar year, or tax year beginning   July 1   2008, and ending   Density			f the Treasury nue Service		assets less than \$  The organization may have t	2,500,000 at the end on the end of the contract of the contrac			nents		Inspection
Content approache   Content approache   Content of approache   Co										_	
March cantop   Section	В	Check if a	pplicable		C Name of organization		* · · · · · · · · · · · · · · · · · · ·	<u> </u>			ntification number
Number and attract for PC box, if mail is not delivered to street address   Room/hulbs   Englishment   Englishm			•		Rotary Works Founda	tion, Inc.			93	-	0833338
Termination   Provided   Provi	K		-	print or			ivered to street addres	ss) Room/suite	E Teleph	one nu	mber
Application power   City or town, state or country, and ZIP + 4   Number   Section 501(c)(3) organizations and 4947(c)(1) nonexempt charitable trusts must attach   x completed Schedule A (Form 990 or 990-EZ)   H Check   check only one)   ZiP   Solici (3 ) ◀ (meet no.)   4947(c)(1) or   527   H Check   check only one)   ZiP   Solici (3 ) ◀ (meet no.)   4947(c)(1) or   527   Solici (3 ) ▼ (meet no.)   4947(c)(1) or   527   Solici (3 ) ▼ (meet no.)   4947(c)(1) or   527   Solici (3 ) ▼ (meet no.)   4947(c)(1) or   527   Solici (3 ) ▼ (meet no.)   4947(c)(1) or   527   Solici (3 ) ▼ (meet no.)   4947(c)(1) or   527   Solici (3 ) ▼ (meet no.)   4947(c)(1) or   527   Solici (3 ) ○ (meet no.)   4947(c)(1) or	H				L			1			
Number	ă				City or town, state or coun	try, and ZIP + 4			<del>  `                                   </del>	<del></del>	<del></del>
Website: ► N/A     N/A		Application	on pending		La Crescent, MN 5594	7					
Website: ► N/A   Name   Nam		• Secti	ion 501(c)(3) d	organiz	ations and 4947(a)(1) none	exempt charitable	trusts must attach	G Acco	ounting met	hod:	Cash Accrual
Website: ► N/N   Propartization type (check only one)	_			a con	npleted Schedule A (Form	990 or 990-EZ).					
Website: ► N/N   Propartization type (check only one)			NI/A					H Chec	:k ▶ 🔲	of the o	rganization is <b>not</b>
K. Check ▶					····			requi			•
Note required, but if the organization chooses to file a return, be sure to file a complete return   Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.   9   124302.33	J	Organia	zation type (c	heck or	nly one) – 🔽 501(c)(3)◀	€(insert no.) 🔲 4	947(a)(1) or 🔲 52	7 990-1	EZ, or 990-	PF)	<u> </u>
Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  1 Contributions, girts, grants, and similar amounts received.  2 Program service revenue including government fees and contracts  3 Membership dues and assessments  4 Investment income  5 Gross amount from sale of assets other than inventory Sal on blues: cost or other basis and sales expenses  6 Goscial events and admirises (Contributions of Canonic Including Sales of Canonic Including Sales (Contributions of Canonic Including Sales)  6 Goscial events and admirises (Contributions of Canonic Including Sales)  6 Goscial events and admirises (Contributions of Canonic Including Sales)  6 Goscial events and admirises (Contributions of Canonic Including Sales)  6 Goscial events and admirises (Contributions of Canonic Including Sales)  6 Goscial events and admirises (Contributions of Canonic Including Sales)  6 Goscial events and admirises (Contributions of Canonic Including Sales)  6 Goscial events and admirises (Contributions of Canonic Including Sales)  6 Goscial events and admirises (Canonic Including Sales)  7 Goscial events and admirises (Canonic Including Sales)  6 Goscial events and admirises (Canonic Including Sales)  7 Goscial events and admirises (Canonic Including Sales)  8 Cotter revenue (Geocrate Part Including Sales)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. p. 9 245305.03  10 Grants and similar amount's paid (ditagn) Schedule)  11 Elements, paid (ditagn) Schedule)  12 Salares, other compensation, and employee Benefits.)  13 Goscial events and admirises and maintenance Including Sal								ceipts are nor	mally <b>not</b> r	nore th	an \$25,000. A return is
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11 Benefits paid to or for members		10			Contraction of the last of the	<u> </u>					
12   Salaries, other compensation, and employee benefits.   13   565     14   Occupancy, rent, utilities and maintenance   14   900.9     15   Printing, publications, postage and shipping   15   1493.83     16   Other expenses (describe ► See Statement 1   1   17   1815855.37     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   (1570550.34)     19   Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   20   (276174.56)     20   Other changes in net assets or fund balances (attach explanation)   20   (276174.56)     21   Dalance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)   (A) Beginning of year (B) End of year (B)										— <del> </del>	
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Part II   Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)    Cash, savings, and investments   (B) End of year   (B) End of year	Ä	]									
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(See the instructions for Part II.)       (A) Beginning of year       (B) End of year         22 Cash, savings, and investments       1581248.59       22       175982.85         23 Land and buildings       0       23       0         24 Other assets (describe ▶ Pledges Recievable       )       445603.32       24       0         25 Total assets       2026851.91       25       175982.85         26 Total liabilities (describe ▶ Grants Payable       )       7612.15       26       3482.75         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       2019225.00       27       172500.10					<del></del>						
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Part III Statement of Program Service Accom	plishments (See the inst	ructions for Part	III.)	(D-	Expenses
What is the organization's primary exempt purpose?	To support local & interna	tional projects &	education		uired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organiz describe the services provided, the number of persons be	ation's exempt purposes. Ir	n a clear and cond	ise manner,	and	4947(a)(1) trusts, onal for others)
<del></del>	mented, or other relevant into	Annation for each p	rogram title.	Optio	ondi for others ;
				1	
(Grants \$ 3000) If this amount incl	udes foreign grants, check	here	. 🕨 🔲	28a	3000
29 Numerous Grants for Local and International Pro	ojects				
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(Grants \$ 1754391.76) If this amount incl				29a	1754391.76
30		• • • • • • • • • • • • • • • • • • • •			
(Cronto C				20-	
(Grants \$ ) If this amount incl 31 Other program services (attach schedule)	udes foreign grants, check			30a	
	udes foreign grants, check			31a	
32 Total program service expenses (add lines 28a th	nrough 31a)	11010	· · ·	32	1757391.76
Part IV List of Officers, Directors, Trustees, and Key					
	(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit i deferred compen	plans & isation	account and other allowances
See Statement 3					· · · · · · · · · · · · · · · · · · ·
		· -	<del></del>		
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Pai	Other Information (Note the statement requirements in the instructions for Part VI.)			
	•		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
	Did the organization file Form 1120-POL for this year?	37b	-	<b>✓</b>
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	┨		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	1		!
	arous receipts, included of line of for public use of club facilities	┨ ゛ ゛		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶	·		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule  L. Part I	40b		✓
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	* *	*.	* * *
d	Enter amount of tax on line 40c reimbursed by the organization ▶	* *	*	. ) (
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	* *	<b>✓</b>
41	List the states with which a copy of this return is filed. ▶ Wisconsin			
42a	The books are in care of ▶ Dan Graham - Treasurer of Foundation  Located at ▶ 157 Sumner Street, La Crosse, WI  ZIP + 4 ▶	546	82-68 <sub>4</sub> 03	49
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		<b>✓</b>
	If "Yes," enter the name of the foreign country: ▶	3 mg 3	- 30 100 100	7
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1 5	,	- 4-8
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here		•	▶ ∟
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			~ %
4-	Form 990-EZ	44	$\vdash$	<del></del>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		<b>✓</b>

Part	t VI Section 501(c)(3) organizations onl and complete the tables for lines 50		c)(3) organiza	ations mu	ist a	ınswer questi	ons 4	6–49	
46	Did the organization engage in direct or indirect	political campaign a	ctivities on be	half of or I	n op	position to	,	Yes	No
	candidates for public office? If "Yes," complete						46	ļ	/
	Did the organization engage in lobbying activitie						47	ļ	<b>✓</b>
	Is the organization operating a school as describ						48		1
	Did the organization make any transfers to an ex	·	related organ	ization?			49a	-	<del>                                     </del>
	If "Yes," was the related organization(s) a section	_			-		49b	L	<u> </u>
	Complete this table for the five highest compense each received more than \$100,000 of compensations.			•	•	-	/ empl	oyees	;) who
	(a) Name and address of each employee paid more than \$100,000	(b) Title and avera hours per week devoted to positi	·   ' '	mpensation	empl	) Contributions to oyee benefit plans & erred compensation	àcc	Expensount a allowa	nd
None	e								<u>-</u>
Total	number of other employees paid over \$100,000 ▶	<u> </u>			┪				
	Complete this table for the five highest compensation from the organization. If there is r		ontractors who	each rec	eive	d more than \$1	00,000	) of	
	(a) Name and address of each independent contractor	r paid more than \$100,000		<b>(b)</b> Ty	pe of	service	(c) Cor	npensa	ition
None	e								
								<del></del>	
							_		
Total	number of other independent contractors each			<del></del>					
	Under penalties of perjury, I declare that I have examined belief it is true correct, and complete. Declaration	nined this return, including ation of preparer (other the	accompanying si an officer) is base	chedules and d on all inform i	state natio	ments, and to the n of which prepare	best of n er has ar	ny kno iy kno:	wledge wledge
Sign Here					/ Date	-15-0	9		
пеге	Dan Graham - Treasurer Type or print name and title	<del></del>		'					
Daid	Preparer's		Date	Check if		Preparer's Identifying	Number (	See inst	ructions)
Paid Prepa	signature			self- employed	<b>-</b>		•		·
Use O	Firm's name (or yours				EIN	<b>&gt;</b>			
	address, and ZIP + 4				hone	no ▶ ( )			
May t	the IRS discuss this return with the preparer sho	wn above? See instr	ructions .			<u></u> ►	<u> </u>	es 🗆	No

Form **990-EZ** (2008)

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

OMB No 1545-0047

2008

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization nonexempt charitable trusts.

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

□ Inspection
□ Employer identification number

		Works Foun	dation, Inc.						93		0833338
Pa	rt I	Reason	for Public Cl	narity Status (All or	rganızatı	ons mus	t compl	ete this	part.) (s	ee instru	ctions)
Γhe	orga	anızation is n	ot a private four	ndation because it is:	(Please	check onl	y <b>one</b> or	ganizatio	n.)		
1				irches, or association						A)(i).	
2		A school de	scribed in <b>secti</b>	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)					
3		A hospital o	r a cooperative	hospital service organ	nization d	lescribed	ın <b>sectic</b>	on 170(b)	(1)(A)(iii).	(Attach	Schedule H.)
4		A medical re		ation operated in con							
5			tion operated for (b)(1)(A)(iv). (Co	r the benefit of a colle mplete Part II.)	ege or uni	iversity ov	wned or (	operated	by a gov	ernmenta	al unit described in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(i	b)(1)(A)(v	).	
7	$\checkmark$			y receives a substanti (1)(A)(vi). (Complete F		its suppo	ort from a	governn	nental un	it or from	the general public
8				d in section 170(b)(1)		Complete	Part II.)				
9		An organizat	tion that normally	y receives: (1) more the	an 331/3 %	of its su	pport fro				
				ent income and unre n after June 30, 1975.						1 511 tax	) from businesses
10 11		An organiza purposes of	tion organized a one or more pu	nd operated exclusive and operated exclusive blicly supported organ	vely for ti nizations	he benefi describe	it of, to p d in secti	oerform t ion 509(a	the functi )(1) or se	ions of, c ction 509	or to carry out the (a)(2). See section
				at describes the type						es 11e th	rough 11h.
е		persons other	g this box, I cer er than foundatio	tify that the organization managers and othe		ot control	led direc	tly or inc	directly b	y one or	
f			section 509(a)(2)	a written determinati	ion from	the IDC	that it is	a Turan	l Tuno II	or Tuna	. III aupporting
•			, check this box		IOIT IIOIII	uie ins	mat it is	a Type	i, iype ii	, or type	in supporting
g		-	st 17, 2006, has	the organization acce	epted any	gift or c	ontributio	on from a	any of the	• • •	
		(i) A person	who directly o	r indirectly controls, onling body of the sup				th persor	ns descril	bed in (ii)	Yes No 11g(i) ✓
		(ii) A family	member of a pe	erson described in (i) a of a person described	above?						11g(ii)
h				ation about the organ				upports.			
(i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the o	organization sted in your document?	(v) Did y the organ col (i)	rou notify nization in of your port?	organizat	is the tion in col zed in the S?	(vii) Amount of support
					Yes	No	Yes	No	Yes	No	
			-								-
		- "									
	_						<u>.</u>				
_											
				<u> </u>		) (. 4.86.6 (	n i Spring Solf (1) Tri yezh gan fan	<u> </u>	· 1		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 171257 806897.55 406442 880623.86 243202.33 2508422.74 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf The value of services or facilities furnished by a governmental unit to the 0 0 0 0 organization without charge 171257 806897.55 406442 880623.86 243202.33 2508422.74 **Total.** Add lines 1-3 . . . . . . 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 O shown on line 11, column (f) Public support. Subtract line 5 from line 4. 2508422.74 Section B. Total Support (a) 2004 Calendar year (or fiscal year beginning in) (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 171257 806897.55 406442 880623.86 243202.33 2508422.74 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 2927.06 36088.05 12710.94 51711.52 2102.70 105540.27 sources Net income from unrelated business activities, whether or not the business is 5569.74 23997.78 26138.03 29093.82 12400.72 97200.09 regularly carried on . . . . . . 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . 2711163.10 11 **Total support.** Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions) 0 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 92.52 % Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 15 % Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 331/3 % support test - 2008. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box  $\square$ 331/3 % support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . . . . b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

Sche	dule Å (Form 990 or 990-EZ) 2008						Page 3
	Support Schedule for Orga (Complete only if you checked)	nizations De	escribed in S n line 9 of Pa	Section 509(a art I.)	a)(2)		
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	(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					ļ	<u> </u>
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 1-5				<u> </u>		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)		;			<u></u>	4
Sec	tion B. Total Support	<u> </u>	<u>в « а</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	Y/x	.i	
	llendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(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						
с 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)		` `	<u> </u>			-
14	First five years. If the Form 990 is for torganization, check this box and stop is	he organizatio	on's first, seco	nd, third, fourth	n, or fifth tax y	ear as a sect	ion 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su	port Perce	ntage	<u>· · · · · · · · · · · · · · · · · · · </u>		<del> · · · ·</del>	
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 S	e 8, column (f	) divided by lin			15 16	% %
Sec	tion D. Computation of Investmer	t Income Po	ercentage				
17	Investment income percentage for 2008	3 (line 10c, co	lumn (f) divide	d by line 13, co	olumn (f)) .	17	%
18	Investment income percentage from 20					18	%
19a	331/3 % support tests - 2008. If the orga	anization did n	ot check the b	ox on line 14, a	and line 15 is r	nore than 331/s	%, and line

17 is not more than 33½ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ □ **5. 6. 6. 7. 8. 8. 9. 18. 19. 19. 19. 10. 19. 10.

<b>10. 10.**

	orm 990 or 990-EZ) 2008	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instance)	rt II, line 10;
· · · · · · · · · · · · · · · · · · ·	. a.c, a.c	a donoria)
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# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

1545-0047	
ş	(
OMB	(

Open to Public Inspection

ŝ Food Bank Support Capital Campaign (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use **Employer identification number** □ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 0 0 (e) Amount of non-cash assistance (d) Amount of cash grant 1728058.76 Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501(c)3 501(c)3 39-1771102 39-1476960 (P) EIN 1 (a) Name and address of organization or government PO Box 215. La Crosse. WI 789 Myrick Park Drive. La Myrick-Hixon EcoPark. Rotary Lights, Inc. Name of the organization Part II Part I

Enter total number of other organizations

Schedule I (Form 990) 2008

Schedule I (Form 990) 2008

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

2008 Federal Statements Rotary Works Foundation, Inc. 93-0833338

### Statement 1

· 5 h .

Form 990-EZ, Part I, Line 16

### Other Expenses:

- ➤ Includes \$26,629.00 bad debt expense per auditor's comments from FY 2007-2008 certified audit.
- ➤ Includes \$23,628.49 for the purchase of "Brain Game" books and promotional materials distributed to local hospitals for new mothers. The "Brain Game" is a user-friendly educational guide, which explains to parents why and how their child is learning and developing. Additionally, the book includes specific activities, songs, and suggested behaviors that parents can engage in to help foster their child's intellectual and social development.

### Statement 2

Form 990-EZ, Part I, Line 20

### Other Changes in Net Assets:

During FY 2008-2009, all assets related to the Myrick Hixon EcoPark were transferred out of the Rotary Works Foundation, Inc. and into the Myrick Hixon EcoPark, Inc. The assets described in Part I, Line 20 of Form 990-EZ include all remaining pledges receivable.

2008 Federal Statements - Rotary Works Foundation, Inc. 93-0833338 Statement 3 - Form 990-EZ, Part IV

9 % .

		I itle/Average			
		Hours Worked per		Contributions	Expense
Name	Address	Week	Compensation	to Benefits	Account
Kenna Christians	4905 Silver Morning Ln, La Crosse, WI 54601	President/2	\$0.00	\$0.00	\$0.00
Trish Grathen	27 Market St., La Crosse, WI 54601	Past President/1	\$0.00	\$0.00	\$0.00
Dan Graham	531 West Franklin Street, West Salem, WI 54669	Treasurer/3	\$0.00	\$0.00	\$0.00
Janet Kusch	1717 Sunset Drive, La Crosse, WI 54601	President Elect/1	\$0.00	\$0.00	\$0.00
David Amborn	W4230 Cty Rd B, West Salem, WI 54669	Director/1	\$0.00	\$0.00	\$0.00
Jon Amlaw	912 Juniper St., La Crescent, MN 55947	Director/1	\$0.00	\$0.00	\$0.00
Sara Battison	408 Gillette Street, La Crosse, WI 54601	Director/1	\$0.00	\$0.00	\$0.00
Larry Bodin	1304 Marlin Street, Holmen, WI 54636	Director/1	\$0.00	\$0.00	\$0.00
Kevin Buelow	605 West Avenue South, La Crosse, WI 54601	Director/1	\$0.00	\$0.00	\$0.00
Matt Cromheecke	1309 Ridgeway Avenue, Onalaska, WI 54650	Director/1	\$0.00	\$0.00	\$0.00
Sue Dillenbeck	2935 East Avenue South, La Crosse, WI 54601	Director/1	\$0.00	\$0.00	\$0.00
Carole Edland	N2016 Hickory Lane, La Crosse, WI 54601	Director/1	\$0.00	\$0.00	\$0.00
Ted Eisenbacher	600 Westwood Drive, Onalaska, WI 54650	Director/1	\$0.00	\$0.00	\$0.00
Dar Isaacson	N1946 Summit Drive, La Crosse, WI 54601	Director/1	\$0.00	\$0.00	\$0.00
Gary Klein	205 22 <sup>nd</sup> Street, La Crosse, WI 54601	Director/1	\$0.00	\$0.00	\$0.00
Jenny Kuderer	712 Main Street, La Crosse, WI 54601	Director/1	\$0.00	\$0.00	\$0.00
Steve McConaghy	401 Main Street, La Crosse, WI 54601	Director/1	\$0.00	\$0.00	\$0.00
Wayne Oliver	557 Bluff Drive, La Crescent, MN 55947	Secretary/1	\$0.00	\$0.00	\$0.00
Sean Parker	419 South Oak Street, La Crescent, MN 55947	Director/1	\$0.00	\$0.00	\$0.00
Steve Reiman	7826 Cty Rd. 14, Caledonia, MN 55921	Director/1	\$0.00	\$0.00	\$0.00
Brian Stephan	757 Sand Lake Road, Onalaska, WI 54650	Director/1	\$0.00	\$0.00	\$0.00
Gary Van Domelen	416 24 <sup>th</sup> Street North, La Crosse, WI 54601	Director/1	\$0.00	\$0.00	\$0.00
Ben Wedro	PO Box 1025, La Crosse, WI 54602-1025	Director/1	\$0.00	\$0.00	\$0.00