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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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 gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2008**Open to Public
Inspection****A** For the 2008 calendar year, or tax year beginning **July 1**, 2008, and ending **June 30**, 20 **09****B** Check if applicable:

- ☐ Address change
☒ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**Rotary Works Foundation, Inc.**

Number and street (or P O box, if mail is not delivered to street address) Room/suite

PO Box 105

City or town, state or country, and ZIP + 4

La Crescent, MN 55947**D** Employer identification number**93 0833338****E** Telephone number**(507) 895-4080****F** Group Exemption Number ▶• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****G** Accounting method: ☐ Cash ☒ Accrual
Other (specify) ▶**I** Website: ▶ **N/A****J** Organization type (check only one) — ☒ 501(c) (**3**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	243202.33
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	2102.7
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 243202.33 of contributions reported on line 1)	6a	0
	6b	Less: direct expenses other than fundraising expenses	6b	0
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	245305.03	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	1757391.76
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	2442.64
	13	Professional fees and other payments to independent contractors	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)	16	53061.24
	17	Total expenses. Add lines 10 through 16.	17	1815855.37
Net Assets	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)	19	2019225.00
	20	Other changes in net assets or fund balances (attach explanation)	20	(276174.56)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	172500.10

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.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1581248.59	175982.85
23 Land and buildings	0	0
24 Other assets (describe ▶ Pledges Receivable)	445603.32	0
25 Total assets	2026851.91	175982.85
26 Total liabilities (describe ▶ Grants Payable)	7612.15	3482.75
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2019225.00	172500.10

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Cat No 106421

Form **990-EZ** (2008)

SCANNED JAN 04 2010

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28a	3000
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28a	3000
-----	------

29a	1754391.76
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29a	1754391.76
-----	------------

30a

30a

31a

31a

32	1757391.76
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[illegible]

Part V 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		✓
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		✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		✓
38a 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?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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		✓
c 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 ▶		
e 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.		✓
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 Telephone no. ▶ (608) 782-6849		
Located at ▶ 157 Sumner Street, La Crosse, WI ZIP + 4 ▶ 54603		
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 account)?	Yes	No
If "Yes," enter the name of the foreign country: ▶		✓
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		✓
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

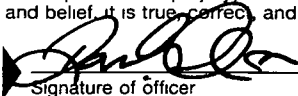
	Yes	No
46		✓
47		✓
48		✓
49a		✓
49b		
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization(s) a section 527 organization?
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶				

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."


(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 . . ▶		

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

 11-15-09
 Signature of officer Date

Dan Graham - Treasurer
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no ()	

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	171257	806897.55	406442	880623.86	243202.33	2508422.74
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1-3	171257	806897.55	406442	880623.86	243202.33	2508422.74
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4.						2508422.74

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	171257	806897.55	406442	880623.86	243202.33	2508422.74
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2927.06	12710.94	36088.05	51711.52	2102.70	105540.27
9 Net income from unrelated business activities, whether or not the business is regularly carried on	5569.74	23997.78	26138.03	29093.82	12400.72	97200.09
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						2711163.10
12 Gross receipts from related activities, etc. (see instructions)						0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	92.52 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33⅓% support test—2008. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33⅓% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—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	<input type="checkbox"/>	
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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33⅓ % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33⅓ % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

This image shows a full page of white paper with horizontal dashed lines, typical of primary school handwriting practice paper. The lines are evenly spaced and run across the entire width of the page. There are no margins, text, or other markings present.

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

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Employer identification number

Part I

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on

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 Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

- | | |
|---|--|
| 2 | Enter total number of section 501(c)(3) and government organizations |
| 3 | Enter total number of other organizations |

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

Cat No 50055P

Schedule I (Form 990) 2008

2008 Federal Statements

Rotary Works Foundation, Inc. 93-0833338

Statement 1

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

Name	Address	Title/Average Hours Worked per Week	Compensation	Contributions to Benefits	Expense 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 nd 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 th 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