

Form 990
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
ROTARY INTERNATIONAL
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
1560 SHERMAN AVENUE
City or town, state or province, country, and ZIP or foreign postal code
EVANSTON, IL 602013698

D Employer identification number
36-1707667
E Telephone number
(847) 866-3000
G Gross receipts \$ 256,053,494

F Name and address of principal officer
JULIE BURKE
1560 SHERMAN AVENUE
EVANSTON, IL 602013698

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number 0573

I Tax-exempt status
J Website: WWW ROTARY ORG

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1911
M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ROTARIANS PROMOTE INTEGRITY, GOOD WILL AND PEACE THROUGH FELLOWSHIP OF BUSINESS PROFESSIONALS

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 4 columns: Description, Prior Year, Current Year, End of Year. Rows 8-22: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid, 15 Salaries, 16a Professional fundraising fees, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses, 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

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

Sign Here
Signature of officer: JULIE BURKE CFO
Date: 2020-03-09

Paid Preparer Use Only
Print/Type preparer's name, Preparer's signature, Date, Firm's name (DELOITTE TAX LLP), Firm's address (50 SOUTH SIXTH STREET SUITE 2800 MINNEAPOLIS, MN 55402), Firm's EIN (86-1065772), Phone no (612) 397-4000.

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

ROTARY INTERNATIONAL PROVIDES SERVICE TO OTHERS, PROMOTES INTEGRITY, AND ADVANCES WORLD UNDERSTANDING, GOODWILL, AND PEACE THROUGH OUR FELLOWSHIP OF BUSINESS, PROFESSIONAL, AND COMMUNITY LEADERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 11,960,021 including grants of \$) (Revenue \$ 13,057,402)

See Additional Data

4b (Code) (Expenses \$ 10,290,391 including grants of \$) (Revenue \$)

See Additional Data

4c (Code) (Expenses \$ 5,519,437 including grants of \$) (Revenue \$ 146,640)

See Additional Data



















(Code) (Expenses \$ 44,979,491 including grants of \$ 265,658) (Revenue \$ 4,660,273)

OTHER PROGRAM SERVICES ARE IN PLACE TO COORDINATE AND DIRECT THE ACTIVITIES OF ROTARY INTERNATIONAL AND SUPPORT THE OBJECT OF ROTARY THE OBJECT OF ROTARY IS TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE THESE OTHER PROGRAM SERVICES SUPPORT THE OBJECT OF ROTARY BY HELPING ROTARY CLUBS AND DISTRICTS ACHIEVE THEIR SERVICES GOALS, EXPAND ROTARY MEMBERSHIP, AND PROMOTE THEIR ACTIVITIES TO THE MEDIA AND GENERAL PUBLIC

4d Other program services (Describe in Schedule O)
(Expenses \$ 44,979,491 including grants of \$ 265,658) (Revenue \$ 4,660,273)

4e Total program service expenses ▶ 72,749,340

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b	Yes
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	Yes
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	214
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	<p>2a</p>	<p>351</p>			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	<p>2b</p>	<p>Yes</p>			
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	<p>3a</p>	<p>Yes</p>			
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>	<p>3b</p>	<p>Yes</p>			
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	<p>4a</p>	<p>Yes</p>			
<p>b AR, AS, BG, BR, CA, CI, CO, DA, EG, ET, GM, IN, JA, KS, NP, NI, NO, PK, PE, RP, SF, CE, SW, SZ, TH</p>					
<p>5a If "Yes," enter the name of the foreign country: <u>UP, UK, VE</u> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <i>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</i></p>	<p>5a</p>	<p>No</p>			
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<p>5b</p>	<p>No</p>			
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	<p>5c</p>				
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>	<p>6a</p>	<p>Yes</p>			
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	<p>6b</p>	<p>Yes</p>			
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	<p>7a</p>				
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	<p>7b</p>				
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	<p>7c</p>				
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d</p>				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<p>7e</p>				
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	<p>7f</p>				
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	<p>7g</p>				
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	<p>7h</p>				
<p>8 Sponsoring organizations maintaining donor advised funds.</p>					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	<p>8</p>				
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>	<p>9a</p>				
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	<p>9b</p>				
<p>10 Section 501(c)(7) organizations. Enter</p>					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a</p>				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b</p>				
<p>11 Section 501(c)(12) organizations. Enter</p>					
<p>a Gross income from members or shareholders</p>	<p>11a</p>				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	<p>11b</p>				
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<p>12b</p>				
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>	<p>13a</p>				
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	<p>13b</p>				
<p>c Enter the amount of reserves on hand</p>	<p>13c</p>				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	<p>14a</p>		<p>No</p>		
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>	<p>14b</p>				
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>	<p>15</p>		<p>No</p>		
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>	<p>16</p>		<p>No</p>		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (17); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, PA, RI, SC, TN, UT, VA, WI, WV); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3) only) available for public inspection. Indicate how you made these available. Check all that apply: Own website (checked), Another's website (unchecked), Upon request (checked), Other (explain in Schedule O) (unchecked); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: DORIS YUXUE XIE 1560 SHERMAN EVANSTON, IL 60201 (847) 866-3000

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b	80,521,450				
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a - 1f \$ _____						
	h Total. Add lines 1a-1f		80,521,450				
Program Service Revenue	2a INTERNATIONAL CONVENTI	Business Code					
		900099	13,049,578	13,049,578			
	b MAGAZINE	541800	5,908,073	5,732,244	175,829		
	c MEETING REVENUE	900099	400,573	400,573			
	d INFOTECH INCOME	900099	258,467	258,467			
	e OPEN WORLD LEADERSHIP	900099	172,252	172,252			
	f All other program service revenue						
	g Total. Add lines 2a-2f		19,788,943				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,487,614			2,487,614	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		1,251,530			1,251,530	
	6a Gross rents	(i) Real	(ii) Personal				
		7,584,696					
		b Less rental expenses	4,820,943				
		c Rental income or (loss)	2,763,753				
	d Net rental income or (loss)		2,763,753		292,787	2,470,966	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		117,263,747	25,570,870				
		b Less cost or other basis and sales expenses	119,622,504	25,311,857			
		c Gain or (loss)	-2,358,757	259,013			
	d Net gain or (loss)		-2,099,744			-2,099,744	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
		b Less direct expenses	b				
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a	313,880					
	b Less cost of goods sold	b	433,084				
	c Net income or (loss) from sales of inventory		-119,204	-119,204			
Miscellaneous Revenue	Business Code						
11a INSURANCE - US CLUBS	524298	1,340,460			1,340,460		
b SERVICE INCOME	900099	290,179	290,179				
c CURRENCY EXCHANGE LOSS	900099	-539,845			-539,845		
d All other revenue		179,970	179,970				
e Total. Add lines 11a-11d		1,270,764					
12 Total revenue. See Instructions		105,865,106	19,964,059	468,616	4,910,981		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	265,658	265,658		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,679,021	829,694	849,327	
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.	29,462,737	19,412,039	10,050,698	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,511,335	1,658,665	852,670	
9 Other employee benefits.	4,430,708	2,635,567	1,795,141	
10 Payroll taxes.	2,388,485	1,549,027	839,458	
11 Fees for services (non-employees)				
a Management.	1,295,589	919,195	376,394	
b Legal.	527,395	15,584	511,811	
c Accounting.	128,770	33,613	95,157	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	300,298		300,298	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	4,383,745	2,858,133	1,525,612	
12 Advertising and promotion.	1,799,213	1,229,624	569,589	
13 Office expenses.	1,458,917	1,156,833	302,084	
14 Information technology.	5,768,063	4,059,099	1,708,964	
15 Royalties.				
16 Occupancy.	3,626,825	2,580,065	1,046,760	
17 Travel.	12,295,189	8,972,405	3,322,784	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	10,646,835	9,195,999	1,450,836	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	2,483,408	1,766,129	717,279	
23 Insurance.	2,340,434	1,276,961	1,063,473	
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 DISTRICT GOVERNOR	9,496,534	8,546,973	949,561	
b ROTARIAN MAGAZINE	3,335,136	2,668,109	667,027	
c EQUIPMENT RENT & MAINTENANCE	1,116,857	965,802	151,055	
d UBI TAX	98,689		98,689	
e All other expenses	220,784	154,166	66,618	
25 Total functional expenses. Add lines 1 through 24e.	102,060,625	72,749,340	29,311,285	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	7,518,075	1	6,976,780
	2 Savings and temporary cash investments	21,148,407	2	20,830,731
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	10,489,830	4	10,149,511
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	543,203	7	1,072,369
	8 Inventories for sale or use	293,864	8	257,182
	9 Prepaid expenses and deferred charges	8,010,515	9	8,369,078
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	144,946,059		
	b Less accumulated depreciation	100,263,979		
		35,914,542	10c	44,682,080
	11 Investments—publicly traded securities	76,338,286	11	78,582,011
	12 Investments—other securities See Part IV, line 11	8,865,460	12	6,879,087
	13 Investments—program-related See Part IV, line 11	1,961,178	13	2,219,646
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	1,361,686	15	1,459,538	
16 Total assets. Add lines 1 through 15 (must equal line 34)	172,445,046	16	181,478,013	
Liabilities	17 Accounts payable and accrued expenses	23,214,412	17	27,320,650
	18 Grants payable		18	
	19 Deferred revenue	9,139,321	19	8,298,077
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	32,353,733	26	35,618,727
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	140,091,313	27	145,859,286
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	140,091,313	33	145,859,286	
34 Total liabilities and net assets/fund balances	172,445,046	34	181,478,013	

Part XI Reconciliation 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)	1	105,865,106
2	Total expenses (must equal Part IX, column (A), line 25)	2	102,060,625
3	Revenue less expenses Subtract line 2 from line 1	3	3,804,481
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	140,091,313
5	Net unrealized gains (losses) on investments	5	1,865,640
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	97,852
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	145,859,286

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 Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 36-1707667

Name: ROTARY INTERNATIONAL

Form 990 (2018)

Form 990, Part III, Line 4a:

INTERNATIONAL CONVENTION - THE INTERNATIONAL CONVENTION IS THE ANNUAL BUSINESS MEETING OF ROTARY INTERNATIONAL (RI) AND IS DESIGNED TO INSPIRE AND INFORM ROTARIANS AT AN INTERNATIONAL LEVEL WHILE ADVANCING THE STRATEGIC GOALS OF RI AND ITS FOUNDATION THE CONVENTION IS HELD IN DIFFERENT LOCATIONS EACH YEAR, BOTH DOMESTIC AND INTERNATIONAL IN 2019, THE CONVENTION WAS HELD IN HAMBURG, GERMANY AND ATTRACTED 26,859 ATTENDEES

Form 990, Part III, Line 4b:

DISTRICT GOVERNORS -THE DISTRICT GOVERNOR IS THE OFFICER OF RI FOR EACH GROUPING OF CLUBS THAT FORM A DISTRICT THE DISTRICT GOVERNOR PROVIDES LEADERSHIP AND ASSISTANCE TO CLUBS WITHIN THE DISTRICT IN ADDITION, THE GOVERNOR ENSURES CONTINUITY IN ALL PROGRAMS AND RELATED OPERATIONS WITHIN THE DISTRICT AND ACTS AS A LIAISON BETWEEN RI AND THE DISTRICT IN FY19 RI HAD 538 DISTRICT GOVERNORS

Form 990, Part III, Line 4c:

INTERNATIONAL ASSEMBLY - THE INTERNATIONAL ASSEMBLY IS AN ANNUAL TRAINING MEETING OF RI DESIGNED TO INSPIRE AND MOTIVATE ROTARY OFFICERS AND LEADERS FOR THE INCOMING ROTARY YEAR. THE TRAINING ALLOWS INCOMING LEADERS TO INTERPRET AND IMPLEMENT THE PRESIDENT-ELECT'S PRIORITIES AND INITIATIVES, AND ALSO PROVIDES AN OPPORTUNITY TO DISCUSS AND PLAN THEIR ACTIVITIES DURING THE YEAR. THE INTERNATIONAL ASSEMBLY IS HELD ONCE A YEAR EVERY JANUARY, IN SAN DIEGO, CA

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARRY RASSIN PRESIDENT	40 00 0 00	X		X				87,469	0	15,149
MARK DANIEL MALONEY PRESIDENT ELECT (BEG 7/1/18)	40 00 0 00	X		X				26,448	0	7,189
JOHN MATTHEWS VICE PRESIDENT	20 00 0 00	X		X				0	0	0
PETER IBLHER TREASURER	20 00 0 00	X		X				0	0	0
FRANCESCO AREZZO DIRECTOR (BEG 7/1/18)	20 00 0 00	X						0	0	0
OLAYINKA HAKEEM BABALOLA DIRECTOR (BEG 7/1/18)	20 00 0 00	X						0	0	0
JEFFRY CADORETTE DIRECTOR (BEG 7/1/18)	20 00 0 00	X						0	0	0
BASKER CHOCKALINGAM DIRECTOR	20 00 0 00	X						0	0	0
LAWRENCE DIMMITT DIRECTOR (BEG 7/1/18)	20 00 0 00	X						0	0	0
RAFAEL GARCIA III DIRECTOR (BEG 7/1/18)	20 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEIICHI ISHIGURO DIRECTOR	20 00 0 00	X						0	0	0
ROBERT KNUEPFER JR DIRECTOR	20 00 0 00	X						0	0	0
AKIRA MIKI DIRECTOR (BEG 7/1/18)	20 00 0 00	X						0	0	0
EUN-SOO MOON DIRECTOR	20 00 0 00	X						0	0	0
DAVID STOVALL DIRECTOR (BEG 7/1/18)	20 00 0 00	X						0	0	0
BRIAN STOYEL DIRECTOR	20 00 0 00	X						0	0	0
PIOTR WYGNANCZUK DIRECTOR (BEG 7/1/18)	20 00 0 00	X						0	0	0
GREGORY YANK DIRECTOR	20 00 0 00	X						0	0	0
PAULO AUGUSTO ZANARDI DIRECTOR	20 00 0 00	X						0	0	0
JOHN HEWKO GENERAL SECRETARY	25 20 14 80			X				316,061	185,623	68,415

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LORI CARLSON GM, CHIEF FINANCIAL OFFICER	20 40 19 60			X				136,170	130,829	35,426
JAMES BARNES CHIEF PROGRAMS & MEMBER SERVICES OFFICER	30 40 9 60				X			190,578	60,183	53,253
DAVID ALEXANDER GM, CHIEF COMMUNICATIONS OFFICER	34 00 6 00				X			186,220	32,862	61,504
MICHELE BERG DEPUTY GENERAL SECRETARY	25 20 14 80				X			181,214	106,427	53,728
STEVEN ROUTBURG GENERAL COUNSEL	26 80 13 20				X			146,133	71,976	61,795
THOMAS THORFINNSON GM, CHIEF STRATEGY OFFICER	20 40 19 60				X			115,880	111,336	41,808
RICHARD KICK CHIEF INFORMATION OFFICER	22 40 17 60				X			114,868	90,254	52,307
ERIC JONES CHIEF INVESTMENT OFFICER	4 00 36 00				X			29,482	265,338	54,995
ERIC SCHMELLING GM, CHIEF PHILANTHROPY OFFICER	0 80 39 20				X			4,097	200,765	50,162
ANDREW MCDONALD DEPUTY GENERAL COUNSEL	26 80 13 20					X		119,259	58,740	38,013

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KRISTOPHER NEWBAUER DIRECTOR OF GLOBAL PEOPLE & TALENT	22 40 17 60					X		104,918	82,435	28,558
BERNADETTE KNIGHT DIRECTOR OF FINANCE	18 80 21 20					X		88,241	99,505	63,185
VICTOR BARNES DIRECTOR OF PROGRAMS & GRANTS	8 40 31 60					X		34,962	131,525	39,696
JONATHAN SOUTH INVESTMENT OFFICER	4 00 36 00					X		17,610	158,487	35,732
IAN RISELEY FORMER OFFICER	20 00 0 00						X	118,658	0	7,361

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
ROTARY INTERNATIONAL

Employer identification number
36-1707667

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| 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 custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted 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 administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (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 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,230,725		2,230,725
b Buildings		86,843,937	61,029,807	25,814,130
c Leasehold improvements		401,064	170,949	230,115
d Equipment		55,470,333	39,063,223	16,407,110
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				44,682,080

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(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 organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-1707667
Name: ROTARY INTERNATIONAL

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	ROTARY INTERNATIONAL AND THE FOUNDATION HAVE EACH RECEIVED A FAVORABLE DETERMINATION LETTER FROM THE IRS STATING THAT EACH IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTIONS 501(C)(4) AND 501(C)(3), RESPECTIVELY, OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. PPH FILES A CORPORATION INCOME TAX RETURN, BUT IS NOT TREATED AS AN INSURANCE COMPANY FOR FEDERAL INCOME TAX PURPOSES AS IT IS A CAPTIVE INSURANCE COMPANY. ACCORDINGLY, PREMIUMS (FROM ROTARY) AND LOSSES AND LOSS ADJUSTMENT EXPENSES ARE EXCLUDED FROM THE CALCULATION OF TAXABLE INCOME. THERE WAS NO LIABILITY FOR INCOME TAX AS OF 30 JUNE 2019 AND 2018. INFOTECH IS A PRIVATE LIMITED COMPANY REGISTERED IN INDIA AND, AS SUCH, IS TAXABLE CORPORATION IN INDIA UNDER U.S. TAX REGULATIONS, INFOTECH IS TREATED AS A FOREIGN PARTNERSHIP AND ALL OPERATIONS ARE INCLUDED IN ROTARY'S U.S. TAX FILINGS. TAX EFFECTS FROM UNCERTAIN POSITIONS ARE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. MANAGEMENT HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS. ADDITIONALLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE CONSOLIDATED FINANCIAL STATEMENTS AND THERE IS NO INTEREST OR PENALTIES RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AND THERE IS NO INTEREST OR PENALTIES RECOGNIZED IN THE CONSOLIDATING STATEMENTS OF ACTIVITIES OR CONSOLIDATED STATEMENTS OF FINANCIAL POSITION.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
ROTARY INTERNATIONAL

Employer identification number
36-1707667

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	8	200			22,385,992
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	8	200			22,385,992

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Additional Data

Software ID:

Software Version:

EIN: 36-1707667

Name: ROTARY INTERNATIONAL

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			INVESTMENTS		5,719,001
CENTRAL AMERICA & THE CARIBBEAN			INVESTMENTS		717,406

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND AND GREENLAND)	1	29	PROGRAM SERVICES	MEMBERSHIP SUPPORT	6,591,373
EAST ASIA AND THE PACIFIC	3	19	PROGRAM SERVICES	MEMBERSHIP SUPPORT	3,874,767

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	1	19	PROGRAM SERVICES	MEMBERSHIP SUPPORT	1,813,752
SOUTH AMERICA	2	7	PROGRAM SERVICES	MEMBERSHIP SUPPORT	1,029,803

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	1	126	PROGRAM SERVICES	IT SUPPORT	2,639,890

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ROTARY INTERNATIONAL

Employer identification number 36-1707667

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL, 36-3245072, 501(C)(3), 265,658, 0, POLIIOPLUS FUND.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
PART I, LINE 2	ROTARY INTERNATIONAL ISSUED ONE GRANT IN FISCAL YEAR ENDED 30 JUNE 2019 TO THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL [501(C)(3)] ROTARY INTERNATIONAL RELIES ON THE GRANT-MONITORING PROCEDURES OF THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL FOR THE POLIOPUS FUND

Schedule J
(Form 990)

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.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ROTARY INTERNATIONAL

Employer identification number
36-1707667

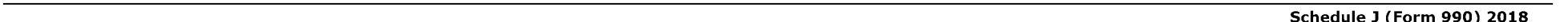
Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate 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</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>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 in line 1a?</p>	2 Yes									
<p>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</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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 related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>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</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued 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</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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 for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	<p>FIRST CLASS TRAVEL UNCOMPENSATED VOLUNTEER LEADERS CONDUCT EXTENSIVE INTERNATIONAL TRAVEL ON BEHALF OF THE ORGANIZATION. ROTARY INTERNATIONAL PROVIDES BUSINESS-CLASS AIRFARE FOR THE BOARD OF DIRECTORS AND THE GENERAL SECRETARY. BUSINESS-CLASS TRAVEL IS AVAILABLE IN MOST MARKETS, BUT IF IT IS NOT, FIRST-CLASS OR ECONOMY AIRFARES ARE SUBSTITUTED. THE PRESIDENT AND PRESIDENT-ELECT ARE PERMITTED TO USE FIRST-CLASS TRAVEL, ALTHOUGH THEY MAY CHOOSE BUSINESS-CLASS OR ECONOMY. TAX INDEMNIFICATION AND GROSS UP PAYMENTS. ROTARY INTERNATIONAL DOES NOT COMPENSATE THE PRESIDENT AND PRESIDENT ELECT'S SERVICES OTHER THAN THE REIMBURSEMENT OF CERTAIN PERSONAL EXPENSES RELATED TO THEIR SERVICES (I.E. THE COST TO MAINTAIN THEIR PERSONAL RESIDENCE, HEALTH INSURANCE, ETC.) AS DEFINED IN THE ROTARY CODE OF POLICIES. THE EXPENSE REIMBURSEMENTS ARE TAXABLE TO THE RECIPIENTS. IT IS THE BOARD POLICY TO PAY THE PRESIDENTS FOR THE TAXES ASSOCIATED WITH THIS INCOME. PERSONAL SERVICES FOR ANY PRESIDENT OF ROTARY INTERNATIONAL, WHO IS NOT A UNITED STATES CITIZEN, EXPENSES RELATED TO INCOME TAX PREPARATION ARE INCLUDED UNDER THE ROTARY CODE OF POLICY. THESE EXPENSES ARE TAXABLE TO THE RECIPIENT. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE FOR EFFICIENCY, RESIDENCES NEAR RI HEADQUARTERS ARE PROVIDED FOR THE ROTARY INTERNATIONAL PRESIDENT AND PRESIDENT-ELECT. PERSONAL USE OF THE RESIDENCES IS REPORTED AS TAXABLE INCOME TO THE RECIPIENTS. IN ADDITION, RI REIMBURSES THE PRESIDENT AND PRESIDENT-ELECT FOR CERTAIN COSTS ASSOCIATED WITH MAINTAINING THEIR PERSONAL RESIDENCES WHILE THEY ARE TRAVELLING ON BEHALF OF THE ASSOCIATION. THESE EXPENSE REIMBURSEMENTS ARE TAXABLE TO THE RECIPIENT. TRAVEL FOR COMPANIONS. ROTARY INTERNATIONAL PROVIDES FOR SPOUSE TRAVEL IF SPOUSE PARTICIPATION ASSISTS THE ORGANIZATION IN ACHIEVING ITS MISSION. THE ROTARIAN AND SPOUSE ARE REQUIRED TO SUBMIT DOCUMENTATION DETAILING THE ACTIVITIES AND SUPPORTING THE BONA FIDE BUSINESS PURPOSE OF THE TRAVEL. MANAGEMENT REVIEWS THE DOCUMENTATION DURING THE EXPENSE REIMBURSEMENT APPROVAL PROCESS. HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES FOR THE PRESIDENT AND PRESIDENT-ELECT, EXPENSES RELATED TO MAINTAINING CLUB MEMBERSHIPS ARE INCLUDED UNDER THE ROTARY CODE OF POLICIES FOR PERSONAL EXPENSE REIMBURSEMENT. THESE EXPENSE REIMBURSEMENTS ARE TAXABLE TO THE RECIPIENT. HIGHEST COMPENSATED EMPLOYEES. ROTARY INTERNATIONAL HAS A HIGHEST COMPENSATED EMPLOYEE AT ITS OFFICE IN ZURICH, SWITZERLAND, WHICH IS CURRENTLY UNDISCLOSED DUE TO POTENTIAL INFRINGEMENT OF LOCAL DATA PRIVACY LAWS. SALARIES FOR STAFF AT THE INTERNATIONAL OFFICES ARE ESTABLISHED IN THEIR LOCAL CURRENCY AND TRANSLATED TO US DOLLARS FOR REPORTING PURPOSES, RESULTING IN POTENTIALLY LARGE FLUCTUATIONS IN THE USE DOLLAR REPORTABLE EQUIVALENT FOR COMPENSATION.</p>



Additional Data

Software ID:
Software Version:
EIN: 36-1707667
Name: ROTARY INTERNATIONAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN HEWKO GENERAL SECRETARY	(i)	316,061	0	0	21,499	21,603	359,163	0
	(ii)	185,623	0	0	12,626	12,687	210,936	0
LORI CARLSON GM, CHIEF FINANCIAL OFFICER	(i)	134,678	0	1,492	17,149	918	154,237	0
	(ii)	129,396	0	1,433	16,477	882	148,188	0
JAMES BARNES CHIEF PROGRAMS & MEMBER SERVICES OFF	(i)	187,102	0	3,476	25,082	15,390	231,050	0
	(ii)	59,085	0	1,098	7,921	4,860	72,964	0
DAVID ALEXANDER GM, CHIEF COMMUNICATIONS OFFICER	(i)	184,151	0	2,069	27,377	24,902	238,499	0
	(ii)	32,497	0	365	4,831	4,394	42,087	0
MICHELE BERG DEPUTY GENERAL SECRETARY	(i)	181,214	0	0	17,719	16,130	215,063	0
	(ii)	106,427	0	0	10,406	9,473	126,306	0
STEVEN ROUTBURG GENERAL COUNSEL	(i)	143,418	0	2,715	21,524	19,879	187,536	0
	(ii)	70,639	0	1,337	10,601	9,791	92,368	0
THOMAS THORFINNSON GM, CHIEF STRATEGY OFFICER	(i)	115,880	0	0	16,435	4,887	137,202	0
	(ii)	111,336	0	0	15,791	4,695	131,822	0
RICHARD KICK CHIEF INFORMATION OFFICER	(i)	114,868	0	0	12,527	16,765	144,160	0
	(ii)	90,254	0	0	9,843	13,172	113,269	0
ERIC JONES CHIEF INVESTMENT OFFICER	(i)	29,482	0	0	2,751	2,749	34,982	0
	(ii)	265,338	0	0	24,755	24,740	314,833	0
ERIC SCHMELLING GM, CHIEF PHILANTHROPY OFFICER	(i)	4,097	0	0	518	485	5,100	0
	(ii)	200,765	0	0	25,402	23,757	249,924	0
ANDREW MCDONALD DEPUTY GENERAL COUNSEL	(i)	117,106	0	2,153	19,187	6,282	144,728	0
	(ii)	57,679	0	1,061	9,450	3,094	71,284	0
KRISTOPHER NEWBAUER DIRECTOR OF GLOBAL PEOPLE & TALENT	(i)	103,023	0	1,895	11,444	4,548	120,910	0
	(ii)	80,946	0	1,489	8,992	3,574	95,001	0
BERNADETTE KNIGHT DIRECTOR OF FINANCE	(i)	86,903	0	1,338	14,665	15,032	117,938	0
	(ii)	97,997	0	1,508	16,537	16,951	132,993	0
VICTOR BARNES DIRECTOR OF PROGRAMS & GRANTS	(i)	34,962	0	0	6,359	1,977	43,298	0
	(ii)	131,525	0	0	23,924	7,436	162,885	0
JONATHAN SOUTH INVESTMENT OFFICER	(i)	17,610	0	0	1,477	2,096	21,183	0
	(ii)	158,487	0	0	13,292	18,867	190,646	0
IAN RISELEY FORMER OFFICER	(i)	118,658	0	0	0	7,361	126,019	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

**Open to Public
Inspection**

Department of the Treasury

Name of the organization
ROTARY INTERNATIONAL

Employer identification number

36-1707667

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A	NUMBER OF EMPLOYEES ON W-3 THE NUMBER OF EMPLOYEES REPORTED IS THE TOTAL EMPLOYEE COUNT FROM THE FILING ORGANIZATION WHILE ROTARY INTERNATIONAL IS THE COMMON PAYMASTER FOR ROTARY INTERNATIONAL AND THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL (TRF), THE NUMBER OF EMPLOYEES DOES NOT INCLUDE THE EMPLOYEE COUNT FOR TRF

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 6B	EXPRESS STATEMENT THAT SUCH CONTRIBUTIONS OR GIFTS WERE NOT TAX DEDUCTIBLE ROTARY INTERNATIONAL DOES NOT DIRECTLY SOLICIT CONTRIBUTIONS FROM THE GENERAL PUBLIC THE MEMBER CLUBS OF ROTARY INTERNATIONAL, ALSO SECTION 501(C)(4) ENTITIES, PAID MEMBERSHIP DUES WHICH ARE REPORTED ON FORM 990, PART VIII, LINE 18 AS CONTRIBUTION REVENUE AS SUCH, ROTARY INTERNATIONAL DOES NOT DIRECTLY PROVIDE AN EXPRESS STATEMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERSHIP OF ROTARY INTERNATIONAL CONSISTS OF ROTARY CLUBS ORGANIZED AND OPERATING IN ACCORDANCE WITH THE RI CONSTITUTION AND BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE PROCEDURES FOR THE SELECTION OF ROTARY INTERNATIONAL (RI) OFFICERS ARE STATED IN THE RI BYLAWS. NOMINATING COMMITTEES SELECT NOMINEES FOR THE BOARD OF DIRECTORS, INCLUDING THE PRESIDENT. DIRECTOR NOMINATING COMMITTEES IN EACH OF THE 34 WORLDWIDE RI ZONES NOMINATE A DIRECTOR FROM THE MEMBERSHIP OF THE CLUBS IN THAT ZONE EVERY FOURTH YEAR ACCORDING TO A SCHEDULE ESTABLISHED BY THE RI BOARD. ADDITIONALLY, A 17 MEMBER NOMINATING COMMITTEE FOR PRESIDENT NOMINATES A PRESIDENT EACH YEAR (ON A ROTATING BASIS EACH ZONE ELECTS A MEMBER OF A CLUB IN THE ZONE TO SERVE ON THE NOMINATING COMMITTEE). THERE ARE OPPORTUNITIES FOR CLUBS TO PUT FORWARD CANDIDATES TO CHALLENGE THE NOMINATED CANDIDATES. EACH CLUB MAY VOTE IN THE ELECTION FOR PRESIDENT AND DIRECTORS, WHICH TAKES PLACE AT THE ANNUAL RI CONVENTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	ROTARY INTERNATIONAL'S FORM 990 IS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM. A DRAFT OF THE FORM 990 IS REVIEWED BY THE DIRECTOR OF FINANCE AND THE CHIEF FINANCIAL OFFICER. UPON COMPLETION OF THE REVIEW PROCESS, THE RETURN IS PROVIDED TO THE BOARD OF DIRECTORS, SIGNED BY THE CFO AND FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL DIRECTORS MUST DISCLOSE ANY FAMILY OR BUSINESS RELATIONSHIPS WITH OTHER DIRECTORS, TRUSTEES OF THE ROTARY FOUNDATION, KEY EMPLOYEES, OR HIGHEST COMPENSATED INDEPENDENT CONTRACTORS OF ROTARY INTERNATIONAL AND THE ROTARY FOUNDATION AS IDENTIFIED ANNUALLY BY THE GENERAL SECRETARY TO COMPLY WITH THIS POLICY, DIRECTORS SUBMIT AN ANNUAL POTENTIAL CONFLICT OF INTEREST STATEMENT, ON WHICH THEY REPORT ANY PREVIOUSLY UNDISCLOSED POTENTIAL CONFLICTS OF INTEREST THE RI EXECUTIVE COMMITTEE REVIEWS THESE REPORTS AND WORKS TO RESOLVE ANY ACTUAL OR POTENTIAL CONFLICTS IF NO RESOLUTION IS REACHED, THE COMMITTEE REFERS THE MATTER TO THE BOARD OF DIRECTORS AND AN APPROPRIATE ACTION WILL BE TAKEN A POTENTIAL CONFLICT OF INTEREST IS DEEMED TO EXIST IF A MAJORITY OF DIRECTORS VOTING REACH AN AFFIRMATIVE DECISION THE DIRECTOR WITH THE POTENTIAL CONFLICT OF INTEREST SHALL NOT BE PRESENT FOR THE VOTE IN ADDITION, THE OPERATIONS REVIEW COMMITTEE MONITORS COMPLIANCE WITH THE CODE OF CONDUCT AND CONFLICT OF INTEREST POLICY KEY EMPLOYEES AND OTHER EMPLOYEES IN A POSITION OF INFLUENCE ARE ALSO REQUIRED TO MAKE ANNUAL CONFLICT OF INTEREST DISCLOSURES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING COMPENSATION FOR THE GENERAL SECRETARY, DEPUTY GENERAL SECRETARY AND GENERAL MANAGERS WAS LAST REVIEWED IN FISCAL YEAR 2016 RI'S GLOBAL PEOPLE & TALENT TEAM COLLECTS DATA ON TOTAL COMPENSATION (I E , BASE SALARY AND BENEFITS) FROM SEVERAL SOURCES, INCLUDING INDEPENDENT COMPENSATION CONSULTANTS, SALARY SURVEYS, PROFESSIONAL PUBLICATIONS, AND INFORMATION FROM SIMILAR ORGANIZATIONS IN THE SAME GEOGRAPHIC AREA PEOPLE & TALENT APPROVES A SALARY RANGE FOR THE GENERAL SECRETARY, DEPUTY GENERAL SECRETARY, AND GENERAL MANAGERS POSITIONS AND THE OPERATIONS REVIEW COMMITTEE (ACTING AS A COMPENSATION ADVISORY COMMITTEE) AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEW SALARY RANGES AND SALARY INCREASE PARAMETERS FOR REASONABLENESS THE GENERAL SECRETARY'S COMPENSATION IS BASED ON THE TERMS IN THE GENERAL SECRETARY'S CONTRACT THE GENERAL SECRETARY APPROVES SALARY INCREASES FOR THE EXECUTIVE MANAGEMENT TEAM WITHIN THE SALARY RANGES APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS THIS PROCESS IS CONTEMPORANEOUSLY DOCUMENTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ROTARY INTERNATIONAL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE, WWW ROTARY ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, LINE 2	HIGHEST COMPENSATED EMPLOYEES THE HIGHEST COMPENSATED EMPLOYEES ARE DETERMINED BASED ON W-2 AMOUNTS FOR THE FILING AND RELATED ORGANIZATION, CONSISTENT WITH PRIOR YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PPH NET INCOME 97,852

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
ROTARY INTERNATIONAL

Employer identification number

36-1707667

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE ROTARY FDN OF ROTARY INTERNATIONAL 1560 SHERMAN AVENUE EVANSTON, IL 602013698 36-3245072	CHARITABLE	IL	501(C)(3)	7	ROTARY INTERNATIONAL	Yes	
(2) ROTARY INTERNATIONAL HOLDINGS NFP 1560 SHERMAN AVENUE EVANSTON, IL 602013698 32-0515763	CHARITABLE	IL	501(C)(3)	10	ROTARY INTERNATIONAL	Yes	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related 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)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ROTARY INTERNATIONAL INFOTECH PVT LTD SUITE NO 14 LEVEL 3 MUTTHA TOWER PUNE IN 98-1050532	IT SUPPORT	IN	ROTARY INTERNATIONAL	RELATED	271,207	2,643,991		No		Yes		99.990 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more 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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) PPH NATIONAL INSURANCE CO 76 ST PAUL STREET SUITE 500 BURLINGTON, VT 05401 03-0370108	CAPTIVE INSURANCE	VT	ROTARY INTERNATIONAL	C	97,852	5,242,580	100.000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		No

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-1707667
Name: ROTARY INTERNATIONAL

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	THE ROTARY FDN OF ROTARY INTERNATIONAL	B	265,658	COST
(1)	THE ROTARY FDN OF ROTARY INTERNATIONAL	N	1,400,142	COST
(2)	THE ROTARY FDN OF ROTARY INTERNATIONAL	O	33,803,996	COST
(3)	ROTARY INTERNATIONAL INFOTECH PVT LTD	P	2,404,355	COST
(4)	THE ROTARY FDN OF ROTARY INTERNATIONAL	P	11,131	COST
(5)	PPH NATIONAL INSURANCE CO	Q	81,287	COST
(6)	THE ROTARY FDN OF ROTARY INTERNATIONAL	Q	23,436,705	COST
(7)	PPH NATIONAL INSURANCE CO	R	816,856	COST
(8)	PPH NATIONAL INSURANCE CO	O	208,892	COST