LATENDED TO THAT IS, 2020	
<b>Exempt Organization Business Income Ta</b>	ax Return
Exclipt Organization Business mosnis in	ux i iotaiii
(and proxy tax under section 6033(e))	

OMB No 1545-0687

	ン	<i>,</i> ,	For cal	ilendar year 2018 or other tax	year beginning JU	JL 1, 20	18	, and e	nding JUI	N 30, 20	19	_	<b>2</b> 078	
	Depa	rtment of the Treasury	<b></b>	Go to w Do not enter SSN nun		n as it may	be ma	de public if y	our organi	-	406 01(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only	
	A L	Check box if address changed		Name of organization THE ROTARY FOUR	. —		hanged	and see instr	uctions.)			(Emp	oyer identification number loyees' trust, see ictions)	
		xempt under section	Print	INTERNATIONAL									36-3245072	
	[X	501(c)(3 <b>0</b> ) 408(e) 220(e)	Type	Number, street, and ro 1560 SHERMAN A		f a P.O. box	c, see ir	estructions.					ated business activity code instructions )	
		408A 530(a)	ļ	City or town, state or province, country, and ZIP or foreign postal code										
	上	529(a)	Ĺ	EVANSTON, IL 60201 525990										
	C at	ook value of all assets end of year	200	F Group exemption no			<u> </u>		11/-) 44		7 401/0		Other break	
	u c.			G Check organization ation's unrelated trades		501(c) corp	oration	1 50	1(c) trust		401(a)		Other trust	
		ide or business here	-		nusillesses.				•	the only (o , complete i				
				ace at the end of the pre	vinus santanca c	omniete Pa	rte I an		-				•	
		isiness, then complete			vious scritcinos, o	ompicio i u	110 1 411	a n, complete	u Ounouu	0 111 101 0401	i uddilloll	ui li uuo	or .	
				poration a subsidiary in	an affiliated group	or a paren	ıt-subsi	diary controll	ed group?		▶ [	Ye	s X No	
	,			tifying number of the pa							·			
				OORIS YUXUE XIE,					Telepl	one numbe	r 🕨 (	347)	866-3000	
	҈Рa	<u>irt:l</u> ∭ Unrelated	Trac	de or Business I	ncome			(A) Inc	ome	(B)	Expenses	****	(C) Net	
202	1 a	Gross receipts or sale	s:		_						%±1.0			
~	b	Less returns and allow			c Balance	<b>•</b>	10							
<b>9</b>	2	Cost of goods sold (S					2			2010 SEC.		\$600 A.		
	3	Gross profit. Subtract		i	M		3	_	35,019.	2 New 24		REST	35,019.	
NOV	4a b		•	art II, line 17) (attach Fi	.* . orm 4707)		4a 4b		33,017.	200 - 100 -		1 2 3 3 1	33,013.	
	C	Capital loss deduction	-		, min 4131)	•	4c			3 2 688 68 9 -	12345578288		-	
Ti	5			ship or an S corporation	(attach statemen	nt)	5	i i	55,437.	EGE43	AL IJ		155,434.	
<b>Z</b>	6	Rent income (Schedu	•		(4114011 0411111111111111111111111111111	,	6					70		
AZZE	7	Unrelated debt-finance	•	ne (Schedule E)			7		<u> </u>	N 1 7	0000	S	439	
ပ္က	8	Interest, annuities, roy	alties, ai	nd rents from a controlle	ed organization (	Schedule F)	8		है। उ	14.1	2020	9		
<b>⊌</b> ∂	9	Investment income of	a sectio	on 501(c)(7), (9), or (17	) organization (Sc	chedule G)	9		<u> </u>	ļ		١٣	~	
	10	Exploited exempt activ	vity inco	me (Schedule I)			10		$-\infty$	DEN	UT.			
	11	Advertising income (S		•		-	11			1 (2000)	1 1 ) (Outgoods	Sind 1		
	12	Other income (See ins		•		-	12 13	1	90.453.		34200		190,453.	
20	13 Pă	Total, Combine lines	ns No	ot Taken Elsewh	ere (See instr	uctions fo				1			130,433.	
2	2	(Except for o	contribu	utions, deductions m	ust be directly o	connected	with t	he unrelated	business	s income )				
0 9	14	Compensation of offi	icers. dir	rectors, and trustees (S	chedule K)							14		
d.	15	Salaries and wages										15		
S.	16	Repairs and mainten	ance	- -								16		
	17	Bad debts										17		
Received in	18	Interest (attach sche	dule) (se	ee instructions)								18		
85	519 30	Taxes and licenses								•		19	3,285.	
8	<b>2</b> 0		•	e instructions for limitat	ion rules) STA	TEMENT	4	SEE	STATEME:	NT Z		20	- 0.	
~ B	<b>⊉</b> 1	Depreciation (attach			<b>.</b>				21			***********		
2	<del>3</del> 2		imea on	n Schedule A and elsewl	iere on return				22a			22b 23	135,468.	
	23 24	Depletion  Contributions to defe	arrad cor	mnaneation nlane								24	100,100.	
	25	Employee benefit pro		mpensauvii piaris					-			25		
	26	Excess exempt exper	-	chedule I)		•						26	· · · · · · · · · · · · · · · · · · ·	
,	27	Excess readership co	•	-	•						•	27		
	28	Other deductions (at						SEE	STATEME	NT 3		28	24,950.	
	29	Total deductions. Ad							-		28	129	163,703.	
	30			ncome before not opera	ling loss deductio	n. Subtract	line 29	from lino 13				30	26,750.	
	31			loss arısıng ın tax years	-	after Januar	y 1, 20	18 (see instru	ctions)		21	31		
	32	Unrelated business to	axable in	ncome. Subtr <u>act</u> line 31	from line 30						<u> ろり</u>	132	26,750.	

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

INTERNATIONAL

36-3245072

Page 2

<sub>{</sub> Rärt∦l	III Total Unrelated Business Taxable Income								
33	Total of unrelated business taxable income computed from all unrelated trades or b	usinesses (see	instructions)		33	26,750.			
34	Amounts paid for disallowed fringes				34				
35	Deduction for net operating loss arising in tax years beginning before January 1, 20	18 (see instru	ctions) S	тмт 6	35	26,750.			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of								
	lines 33 and 34								
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			38		1,000.			
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater	ater than line 3	36,	~					
	enter the smaller of zero or line 36				38	0.			
Part I	V Tax Computation								
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	<del>-</del>			39	0.			
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax or	the amount o	n line 38 from	:	· · · · · · · · · · · · · · · · · · ·				
	Tax rate schedule or Schedule D (Form 1041)			<b>&gt;</b>	40				
41	Proxy tax. See instructions			<b>•</b>	41				
42	Alternative minimum tax (trusts only)	_			42				
43	Tax on Noncompliant Facility Income. See instructions				43				
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		,		44	0.			
.₽art \	Tax and Payments								
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		45a						
b	Other credits (see instructions)		45b						
C	General business credit. Attach Form 3800		45c						
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		45d		- Y.,4				
е	Total credits. Add lines 45a through 45d	•			45e				
46	Subtract line 45e from line 44				46	0.			
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697	Form 886	66 🔲 Other	(attach schedule)	47				
48	Total tax. Add lines 46 and 47 (see instructions)				48	0.			
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k),	line 2		•	49	0.			
50 a	Payments: A 2017 overpayment credited to 2018	<b>51</b> a	.50a	1,123,					
b	2018 estimated tax payments	. [	50b						
C	Tax deposited with Form 8868	. [	50c		- Sp				
đ	Foreign organizations: Tax paid or withheld at source (see instructions)		50d		]: 🛊 🗐 📗				
е	Backup withholding (see instructions)		50e		3 1				
f	Credit for small employer health insurance premiums (attach Form 8941)		50f						
9	Other credits, adjustments, and payments: Form 2439				2 .				
	Form 4136 Other	Total 🕨	50g		h . Wayor y				
51	Total payments. Add lines 50a through 50g	•			51	1,123.			
52 `	Estimated tax penalty (see instructions). Check if Form 2220 is attached			, ·	52	·-			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			<b>&gt;</b>	53				
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount	t overpaid		▶5	54	1,123.			
<u> 56,55</u>	Enter the amount of line 54 you want: Credited to 2019 estimated tax			efunded <b>&gt;</b>	55	0.			
Part V	/I Statements Regarding Certain Activities and Other In	formation	) (see instru	ictions)					
56	At any time during the 2018 calendar year, did the organization have an interest in o	r a signature o	r other author	ty		Yes No			
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	organization i	may have to fil	e					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	пате of the f	oreign country						
	here SEE STATEMENT 5					<u> </u>			
57	During the tax year, did the organization receive a distribution from, or was it the gra	antor of, or tra	nsferor to, a fo	reign trust?		X			
	If "Yes," see instructions for other forms the organization may have to file.								
58	Enter the amount of tax-exempt interest received or accrued during the tax year					And some			
Cian	Under penalties of perjury, I declare that I have examined this return, including accompanying scl correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of	hedules and state I which preparer I	ements, and to the has any knowledg	e best of my knowle e	dge and belie	i, it is true,			
Sign Here	1 Oldalia			I N	lay the IRS dis	scuss this return with			
11616	3/(3/db CF					own below (see			
	Signature of officer Date Title		<del></del>		structions)?	X Yes No			
	Print/Type preparer's name Preparer's signature	Date	•		If PTIN				
Paid	KRISTINA RASMUSSEN Kuntua Zamuu	2/2	20/2020	self- employed		42000			
Prepa	Irer	·		Ta		1065272			
Use C	Only Firm's name DELOITTE TAX LLP			Firm's EIN	86-	-1065772			
	50 SOUTH SIXTH STREET, SUITE 2800			Dharra	6121 200	7 4000			
	Firm's address MINNEAPOLIS, MN 55402			Phone no. (	612) 397	/-4000			

Form 990-T (2018) INTERNATIONAL

THE ROTARY FOUNDATION OF ROTARY

Schedule A - Cost of Goods Sol	d. Enter method of in	ventory valuation N/A				
1 Inventory at beginning of year	1	6 Inventory at end of year	ar		6	
2 Purchases	2	7 Cost of goods sold. S	Subtract line 6	;           [		
3 Cost of labor	3	from line 5. Enter here		l l		
4a Additional section 263A costs		line 2			7	
(attach schedule)	4a	8 Do the rules of section	1 263A (with	respect to	Yes No	
b Other costs (attach schedule)	4b	property produced or	acquired for	resale) apply to		
5 Total Add lines 1 through 4b	5	the organization?				
Schedule C - Rent Income (From	n Real Property a	and Personal Property L	eased W	ith Real Prope	erty)	
(see instructions)			_			
Description of property						
_(1)						
_(2)						
_(3)		<u> </u>				
(4)						
2.	Rent received or accrued	<del></del>		(a) Deductions directly c	onnected with the income in	
(a) From personal property (if the percentage rent for personal property is more than 10% but not more than 50%)	or rent	real and personal property (if the percenta for personal property exceeds 50% or if he rent is based on profit or income)	age '	columns 2(a) and	2(b) (attach schedule)	
(1)						
(2)						
(3)						
(4)			_			
Total	0. Total		0.			
(c) Total income. Add totals of columns 2(a) an here and on page 1, Part I, line 6, column (A)	•		Ènte	Total deductions. or here and on page 1, I, line 6, column (B)	0.	
Schedule E - Unrelated Debt-Fin	anced Income (	see instructions)				
		2. Gross income from	3.	Deductions directly conne to debt-financed		
Description of debt-financed p	roperty	or allocable to debt- financed property	(a) Straig	ght line depreciation tach schedule)	(b) Other deductions (attach schedule)	
(1)			<u> </u>			
(2)	·		1			
(3)						
(4)						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	repo	Gross income ortable (column x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)		%	1			
(2)		%				
(3)		%				
(4)	· · · ·	%				
· · · · · · · · · · · · · · · · · · ·				ere and on page 1, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals		<b>&gt;</b>		0.	0.	
Total dividends-received deductions included	ın column 8				0.	

THE ROTARY FOUNDATION OF ROTARY

orm 990-T (2018) INTERNAT					A 11	10	A1	36-324			Page
Schedule F - Interest, A	Annuities, Roya	alties, an					tions	(see ins	struction	s)	
			Exempt	Controlled O	rganızatı	ions					
Name of controlled organizat	ıdər	Employer onfication umber	3. Net un (loss) (sei	related income 4. Tol payr		ments made includ		Part of column 4 that is uded in the controlling inzation's gross income		6 Deductions directly connected with income in column 5	
(1)				`	<del>                                     </del>					<del></del>	
(2)	1										
(3)		<del></del>	<del>                                     </del>								
		<del></del>			<del></del>	_					
(4) Jonexempt Controlled Organi	zationo				Ь	<del></del>	<u> </u>				
	1		1							<del> </del>	
7. Taxable Income	8 Net unrelated inc (see instructi		9. lotal	of specified pays made	nents	10. Part of colur in the controlli gross	nn 9 that ng organi income	is included		ductions directly o income in columi	
(1)											
(2)		-								<del>-</del>	
(3)				-							
(4)											
,						Add colum Enter here and line 8, c		1, Part I, )	Enter he	d columns 6 and ere and on page 1 line 8, column (B)	I, Part I,
otals	<u>,</u>			<del> </del>				0.			
Schedule G - Investme (see instr		Section	501(c)(7	7), (9), or ( <sup>.</sup>	17) Org	•				<del></del>	_
1. Description of income				Amount of income     Greatly connected (attach schedule)			4. Set-	asides ichedule)	5. Total de and set (col 3 plu	asides	
(1)										<del></del>	
(2)				ļ						<u> </u>	
(3)											
(4)										1	
			_	Enter here and o Part I, line 9, co	lumn (A)		* 4			Enter here and Part I, line 9, co	olumn (B
otals  Schedule I - Exploited (see instru	•	y Income	, Other	Than Adv	ertisin	g Income			<u> </u>	.1	
(000	<u> </u>			4. Net incom	0 (1000)		T			T	
1 Description of exploited activity	Cross     unrelated business     income from     trade or business	directly of with pro	penses connected oduction elated s income	from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	<ol> <li>Gross inco from activity the is not unrelated business income</li> </ol>	nat ed	6. Exp attribute colum	able to	7. Excess expenses ( 6 minus co but not mo column	column lumn 5, re than
(1)	·	-		-							
(2)	,										
(3)		1									
(4)		<del>                                     </del>					1			<del>                                       </del>	
ِ اِ	Enter here and on page 1, Part I, line 10, col (A)	page 1 line 10,	col (B)	Total S		in the				Enter here on page Part II, lin	9 1, 19 26
otals Schedule J - Advertisir	o locomie (sec		0.	The state of the s					an and the	<u> </u>	- 0
Part I Income From I				enlidated	Racic						
		orted of	i a Con	sondated ————			т	_			
1. Name of periodical	2. Gross advertising income		3. Direct artising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute rough 7	ſ	on	6. Reade		7. Excess rea costs (column solumn 5, but no than column	6 minus ot more
(1)									7,4400		FT (STO)
(2)				77.47.8							
(3)											
(4)							1		9		
··						1					
otals (carry to Part II, line (5))	<b>•</b>	0.	C	) <u>,</u>						Form <b>990</b> -	T (22)
			•							Form 990-	+ (201

823731 01-09-19

36-3245072

Form 990-T (2018) INTERNATIONAL Partili Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)			_				
(3)							
(4)							
Totals from Part I	▶	0.	0.	25 A . A . A . A . A	Balliotheste Franc	La Caración de	0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0

1. Name		2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
4)			%	
otal. Enter here and on page 1, Part II, I	line 14			

Form 990-T (2018)

# SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

THE ROTARY FOUNDATION OF ROTARY

INTERNATIONAL

Employer identification number

36-3245072

₹F	Short-Term Capital Ga	ins and Losses (See	instructions)			
	instructions for how to figure the amounts inter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gail or loss from Form(s) 894	n 9,	(h) Gain or (loss) Subtract column (e) from column (d) and
This ou	s form may be easier to complete if you nd off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g	)	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on					
_	Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on					
٠	Form(s) 8949 with Box C checked					-23.
4	Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4_	
	Short-term capital gain or (loss) from like-kin-				5	
6	Unused capital loss carryover (attach computa	ation)			6	
7	Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	ıh		7	-23.
₿F	Part∗II∰ Long-Term Capital Gai	ns and Losses (See	nstructions.)			
See o e	instructions for how to figure the amounts nter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gair or loss from Form(s) 894	1	(h) Gain or (loss) Subtract column (e) from column (d) and
This ou	s form may be easier to complete if you and off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g	) '	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8Ь	Totals for all transactions reported on					
	Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on					
	Form(s) 8949 with Box E checked .					
10	Totals for all transactions reported on					
	Form(s) 8949 with Box F checked			L .,		20,357.
	Enter gain from Form 4797, line 7 or 9				11	14,685.
12	Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824	. —		13	
	Capital gain distributions				14	35.040
	Net long-term capital gain or (loss). Combine Part III Summary of Parts I and		<u>n ḥ</u>		15	35,042.
Jayre - /	Enter excess of net short-term capital gain (lii		al loss (line 15)		16	
	Net capital gain. Enter excess of net long-term	,	, , , , , , , , , , , , , , , , , , , ,	7)	17	35,019.
	Add lines 16 and 17. Enter here and on Form			''	18	35,019.
10	Note: If losses exceed gains, see Capital loss		oper and on other returns.	•		· · · · · · · · · · · · · · · · · · ·
	moto, it todoes execes gains, see capital toss					

JWA

# Form **8949**

Department of the Treasury Internal Revenue Service **Sales and Other Dispositions of Capital Assets** 

► Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2018 ttachment equence No 12A

Name(s) shown on return

THE ROTARY FOUNDATION OF ROTARY

Social security number or taxpayer identification no.

1112 1101111111111111111111111111111111						1 , ,	
INTERNATIONAL						36-3	245072
Before you check Box A, B, or C be statement will have the same inform broker and may even tell you which	ation as Form 109	you received an 99-B Either will	y Form(s) 1099-B o show whether you	or substitute statem ir basis (usually you	nent(s) from r cost) was	n your broker. A su reported to the IF	ibstitute RS by your
Part   Short-Term. Transac	tions involving capit	al assets you held	1 year or less are ge	nerally short-term (see	nstruction	s) For long-term	
transactions, see page 2 Note: You may aggregate a							fjustments or
codes are required Enter th	e totals directly on \$	Schedule D, line 16	a, you aren't required	to report these trans	actions on F	orm 8949 (see instru	ictions)
You must check Box A, B, or C below. If you have more short-term transactions than w	Check only one bo ill fit on this page for on	<ul> <li>If more than one to e or more of the boxes</li> </ul>	oox applies for your shor s, complete as many fon	t-term transactions, comp ns with the same box che	olete a separati ocked as you n	e Form 8949, page 1, for eed	each applicable box
(A) Short-term transactions re	ported on Form(s	) 1099-B showin	ig basis was repor	ted to the IRS (see	Note abo	ove)	
(B) Short-term transactions re	ported on Form(s	i) 1099-B showin	ig basis wasn't re	eported to the IRS			
X (C) Short-term transactions no	ot reported to you	on Form 1099-	В				
1 (a)	(b)	(c)	(d)	(e)		t, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		ou enter an amount (g), enter a code in	Gain or (loss).
(Example 100 sh XYZ Co.)	(Mo , day, yr )	disposed of	(sales price)	basis See the Note below and		. See instructions.	Subtract column (e) from column (d) &
		(Mo , day, yr )		see Column (e) in the instructions	(f) Code(s)	(g) Amount of	combine the result with column (g)
FROM SCHEDULE K-1 (FORM		<del></del>				adjustment	(8/
1065)	<del>                                     </del>					<del></del>	<23.>
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2 Totals. Add the amounts in colu	mne (d) (e) (d) o	nd (h) (subtract					
negative amounts) Enter each to							
Schedule D, line 1b (if Box A abo		-		]			
שווים ואינו שווים ביי ייייים ביייים	is sinconcul, I	(11 DOX D		1			

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

<23.>

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2018)				Attachn	nent Seque	nce No 12A	Page 2
Name(s) shown on return Name and THE ROTARY FOUNDATION		er identification r	no not required if			Social secu	rity number or entification no.
INTERNATIONAL							245072
Before you check Box D, E, or F bell statement will have the same inform broker and may even tell you which	ow, see whether ation as Form 10 box to check	you received any 99-B Either will	Form(s) 1099-B o show whether you	or substitute statem ir basis (usually you	ent(s) from r cost) was	your broker A su reported to the IF	bstitute IS by your
Part II Long-Term. Transacti	ons involving capite						
Note: You may aggregate a codes are required. Enter th You must check Box D, E, or F below.	e totals directly on S	Schedule D. line 8a	vou aren't required	to report these trans	actions on Fe	orm 8949 (see instru	ctions).
f you have more long-term transactions than wil	I fit on this page for one	or more of the boxes	, complete as many forn	ns with the same box che	cked as you ne	ed	
(D) Long-term transactions re	-	•	-		Note and	ve)	
X (F) Long-term transactions no	t reported to you	on Form 1099-E	3		r <del></del>	<del> </del>	, ———
1 (a) Description of property (Example: 100 sh. XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed of (Mo , day, yr )	(d) Proceeds (sales price)	Cost or other basis. See the Note below and see Column (e) in	loss. If you column (f).	t, if any, to gain or ou enter an amount (g), enter a code in . See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
FROM SCHEDULE K-1 (PORM				the instructions	Code(s)	Amount of adjustment	with column (g)
1065)	<del></del>			<del></del>	f		20,357.
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2 Totals. Add the amounts in colur	nns (d), (e), (q), aı	nd (h) (subtract					
negative amounts) Enter each to	tal here and inclu	ide on your					
Schedule D, line 8b (if Box D above is checked), or line 10 (if E		·					20 357.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

FORM 990-T INCOME	E (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
ADAMS STREET 2008 DIRECT FUND, INCOME (LOSS)	L.P ORDINARY BUSINESS	700
ADAMS STREET 2009 DIRECT FUND, INCOME (LOSS)	L.P ORDINARY BUSINESS	1,001
ADAMS STREET PARTNERSHIP FUND ORDINARY BUSINESS INCOME	- 2007 NON-U.S. FU -	-789
ADAMS STREET PARTNERSHIP FUND ORDINARY BUSINESS INCOME	- 2008 NON-U.S. FU -	14
ADAMS STREET PARTNERSHIP FUND BUSINESS INCOME (	- 2008 U.S. FUND, - ORDINARY	3,707
ADAMS STREET PARTNERSHIP FUND ORDINARY BUSINESS INCOME	- 2009 NON-U.S. DE -	20
ADAMS STREET PARTNERSHIP FUND BUSINESS INCOME (	- 2009 U.S. FUND, - ORDINARY	-7,792
MCP X AIV LP - ORDINARY BUSINE MTP ENERGY OPPORTUNITIES FUND		-490
INCOME (LOSS) NGP NATURAL RESOURCES XI, LP -		212,177
(LOSS)		-55,002
TCV VIII, L.P ORDINARY BUSI ADAMS STREET PARTNERSHIP FUND		-14,911
MARKETS F - ORDINARY MESIROW FINANCIAL CAPITAL PART	NERS X, L.P ORDINARY	-76
BUSINESS INCOME (LOSS) MESIROW FINANCIAL PRIVATE EQUI	TY PARTNERSHIP FUND III, L.P	-1,141
- ORDINARY BUSINE STELLUS CREDIT MASTER FUND II	LLC - ORDINARY BUSINESS	16,321
INCOME (LOSS)		1,695
TOTAL INCLUDED ON FORM 990-T,	PAGE 1, LINE 5	155,434
FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
FROM K-1S	N/A	46
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	46
		<del></del>

#### THE ROTARY FOUNDATION OF ROTARY INTERNAT

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		24,950.
TOTAL TO FORM 990-T, PAGE	1, LINE 28	24,950.

### THE ROTARY FOUNDATION OF ROTARY INTERNAT

FORM 990-T	CONTRIBUTI	ONS SUMMARY		STATEMENT 4
QUALIFIED CONTI	RIBUTIONS SUBJECT TO 1	00% LIMIT		
CARRYOVER OF PI FOR TAX YEAR FOR TAX YEAR FOR TAX YEAR FOR TAX YEAR FOR TAX YEAR	2014 2015 2016	RIBUTIONS 697 1,074 477 864 36		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS			3,148 46	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED			3,194	
EXCESS 10% CONT EXCESS 100% CONT TOTAL EXCESS CO	TRIBUTIONS		3,194 0 3,194	
ALLOWABLE CONTE	RIBUTIONS DEDUCTION			0
TOTAL CONTRIBUT	TION DEDUCTION		_	0





FORM 990-T

# NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 5

#### NAME OF COUNTRY

**ARGENTINA** 

AUSTRALIA

**BANGLADESH** 

BRAZIL

CANADA

CHILE

COLOMBIA

DENMARK

**EGYPT** 

**ETHIOPIA** 

**GERMANY** 

INDIA

**JAPAN** 

SOUTH KOREA

NEPAL

NIGERIA

NORWAY

**PAKISTAN** 

PERU

**PHILIPPINES** 

SOUTH AFRICA

SRI LANKA

**SWEDEN** 

SWITZERLAND

THAILAND

UKRAINE

UNITED KINGDOM

**VENEZUELA** 

FORM 990-T N		NET	T OPERATING LOSS		DEDUCTION		STATEMENT 6		
TAX YEAR	LOSS SUSTAI	SS SUSTAINED		LOSS PREVIOUSLY APPLIED		LOSS REMAINING		AVAILABLE THIS YEAR	
06/30/13	35,	406.		35,406.		0.		0.	
06/30/14	203,	670.	1	44,662.		59,008.	55	008.	
06/30/15	478,	839.		0.	4	78,839.	478	3,839.	
06/30/16	793	187.		0.	7	93,187.	79:	3,187.	
06/30/17	225,	811.		0.	2	25,811.	22	811.	
NOL CARRYOV	ER AVAILABLE	THIS	YEAR		1,5	56,845.	1,550	5,845.	