

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> 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 60201-3698 <b>F</b> Name and address of principal officer: JULIE BURKE SAME AS C ABOVE	<b>D</b> Employer identification number 36-1707667 <b>E</b> Telephone number (847) 866-3000 <b>G</b> Gross receipts \$ 144,445,371. <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶ 0573
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 4 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.ROTARY.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1911
		<b>M</b> State of legal domicile: IL

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: ROTARIANS PROMOTE INTEGRITY, GOOD WILL AND PEACE THROUGH FELLOWSHIP OF BUSINESS PROFESSIONALS.		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17
<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	362
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	1174890
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	370,607.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	80,521,450.
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	19,788,943.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	387,870.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	5,166,843.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	105,865,106.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	265,658.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	40,472,286.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	0.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	61,322,681.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	102,060,625.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	3,804,481.
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	181,478,013.
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	35,618,727.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	145,859,286.

**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.

<b>Sign Here</b>	Signature of officer JULIE BURKE, CFO Type or print name and title	Date 5/7/2021			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name ANNA KOLAKALURI	Preparer's signature ANNA KOLAKALURI	Date 5/3/2021	Check if self-employed <input type="checkbox"/>	PTIN P01275237
	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		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  ROTARY INTERNATIONAL	Taxpayer identification number (TIN)  36-1707667
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1560 SHERMAN AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EVANSTON, IL 60201-3698	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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- The books are in the care of ▶ 1560 SHERMAN - EVANSTON, IL 60201  
Telephone No. ▶ 847 866 3000 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until MAY 17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 [X] No

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

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 \$ 8,930,436. including grants of \$ ) (Revenue \$ ) DISTRICT GOVERNORS - THE DISTRICT GOVERNOR IS THE OFFICER OF ROTARY INTERNATIONAL (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 FY20 RI HAD 525 DISTRICT GOVERNORS.

4b (Code: ) (Expenses \$ 5,457,163. including grants of \$ ) (Revenue \$ 169,540. ) 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.

4c (Code: ) (Expenses \$ 959,806. including grants of \$ ) (Revenue \$ 24,910. ) INTERNATIONAL CONVENTION - THE INTERNATIONAL CONVENTION IS THE ANNUAL BUSINESS MEETING OF 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 LOCATIOINS EACH YEAR, BOTH DOMESTIC AND INTERNATIONAL. IN 2020, THE CONVENTION WAS TO BE HELD IN HONOLULU, HAWAII, BUT WAS HELD VIRTUALLY DUE TO THE PANDEMIC.

4d Other program services (Describe on Schedule O.) (Expenses \$ 48,947,957. including grants of \$ 2,433,562. ) (Revenue \$ 6,098,054. )

4e Total program service expenses 64,295,362.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....		X
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....		X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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 [X]

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on 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

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(1) MARK DANIEL MALONEY PRESIDENT	40.00 0.00	X		X				119,239.	0.	14,789.
(2) HOLGER KNAACK PRESIDENT ELECT (BEG. 7/1/19)	40.00 0.00	X		X				13,414.	0.	0.
(3) HAKEEM OLAYINKA BABALOLO VICE PRESIDENT	20.00 0.00	X		X				0.	0.	0.
(4) DAVID STOVALL TREASURER	20.00 0.00	X		X				0.	0.	0.
(5) FRANCESCO AREZZO DIRECTOR	20.00 0.00	X						0.	0.	0.
(6) TONY (JAMES ANTHONY) BLACK DIRECTOR (BEG. 7/1/19)	20.00 0.00	X						0.	0.	0.
(7) JEFFRY CADORETTE DIRECTOR	20.00 0.00	X						0.	0.	0.
(8) MARIO CESAR MARTINS DE CAMARGO DIRECTOR (BEG. 7/1/19)	20.00 0.00	X						0.	0.	0.
(9) LAWRENCE DIMMITT DIRECTOR	20.00 0.00	X						0.	0.	0.
(10) RAFAEL GARCIA III DIRECTOR	20.00 0.00	X						0.	0.	0.
(11) JAN LUCAS KET DIRECTOR (BEG. 7/1/19)	20.00 0.00	X						0.	0.	0.
(12) KYUN KIM DIRECTOR (BEG. 7/1/19)	20.00 0.00	X						0.	0.	0.
(13) FLOYD LANCIA DIRECTOR (BEG. 7/1/19)	20.00 0.00	X						0.	0.	0.
(14) AKIRA MIKI DIRECTOR	20.00 0.00	X						0.	0.	0.
(15) BHARAT S. PANDYA DIRECTOR (BEG. 7/1/19)	20.00 0.00	X						0.	0.	0.
(16) KAMAL SANGHVI DIRECTOR (BEG. 7/1/19)	20.00 0.00	X						0.	0.	0.
(17) JOHRITA SOLARI DIRECTOR (BEG. 7/1/19)	20.00 0.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) STEPHANIE URCHICK DIRECTOR (BEG. 7/1/19)	20.00 0.00	X						0.	0.	0.
(19) PIOTR WYGNANCZUK DIRECTOR	20.00 0.00	X						0.	0.	0.
(20) JOHN HEWKO CHIEF EXECUTIVE OFFICER	24.80 15.20			X				326,643.	200,020.	61,773.
(21) JULIE BURKE CHIEF FINANCIAL OFFICER (BEG. 8/5/19)	20.40 19.60			X				54,432.	55,950.	9,585.
(22) DAVID ALEXANDER CHIEF COMMUNICATIONS OFFICER	33.60 6.40			X				200,696.	37,148.	54,955.
(23) JAMES BARNES CHIEF PROGRAMS & MEMBER SVS OFFICER	29.60 10.40			X				197,554.	68,458.	55,005.
(24) MICHELE BERG DEPUTY GENERAL SECRETARY	24.80 15.20			X				190,119.	116,420.	55,404.
(25) STEVEN ROUTBURG GENERAL COUNSEL	26.80 13.20			X				155,066.	76,589.	63,034.
(26) THOMAS THORFINNSON CHIEF STRATEGY OFFICER	20.00 20.00			X				116,900.	116,900.	43,136.
<b>1b Subtotal</b>								1,374,063.	671,485.	357,681.
<b>c Total from continuation sheets to Part VII, Section A</b>								643,256.	1,124,511.	316,034.
<b>d Total (add lines 1b and 1c)</b>								2,017,319.	1,795,996.	673,715.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **81**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HAMBURG MESSE UND CONGRESS BMBH MESSEPLATZ 1, HAMBURG, GERMANY 20357 DEU	CONVENTION VENUE	5,519,711.
THOUGHTWORKS INC 200 EAST RANDOLPH, CHICAGO, IL 60601	CONSULTING SERVICES	2,864,674.
PELTON GROUP LLC ONE POST OFFICE SQUARE, BOSTON, MA 02109	CONSULTING SERVICES	2,838,570.
TEKSYSTEMS INC 7437 RACE ROAD, HANOVER, MD 21076	STAFFING	1,852,719.
IACONO PRODUCTION SERVICES INC 11420 DEERFIELD RD., CINCINNATI, OH 45242	CONVENTION STAGE PRODUCTION	1,441,596.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **70**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	82,164,041.				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			82,164,041.			
Program Service Revenue	<b>2 a</b> MAGAZINE	Business Code	541800	5,736,462.	5,626,753.	109,709.	
	<b>b</b> INFOTECH INCOME		900099	200,460.	200,460.		
	<b>c</b> MEETING REVENUE		900099	169,540.	169,540.		
	<b>d</b> OPEN WORLD LEADERSHIP		900099	161,132.	161,132.		
	<b>e</b> INTERNATIONAL CONVENTI		900099	24,910.	24,910.		
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			6,292,504.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			3,124,663.		3,124,663.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			1,007,889.		1,007,889.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	7,680,723.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		5,226,863.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		2,453,860.			
	<b>d</b> Net rental income or (loss)			2,453,860.		260,898.	2,192,962.
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	34,500,834.	9,869,929.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		33,934,087.	10,052,642.		
<b>c</b> Gain or (loss)	<b>7c</b>		566,747.	-182,713.			
<b>d</b> Net gain or (loss)			384,034.			384,034.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		403,869.				
<b>b</b> Less: cost of goods sold	<b>10b</b>		348,516.				
<b>c</b> Net income or (loss) from sales of inventory			55,353.	55,353.			
Miscellaneous Revenue	<b>11 a</b> INSURANCE - US CLUBS	Business Code	524298	1,355,350.		1,355,350.	
	<b>b</b> SERVICE INCOME		900099	293,190.	293,190.		
	<b>c</b> CURRENCY EXCHANGE LOSS		900099	-2,267,967.		-2,267,967.	
	<b>d</b> All other revenue		900099	20,346.	20,346.		
	<b>e Total.</b> Add lines 11a-11d			-599,081.			
<b>12 Total revenue.</b> See instructions			94,883,263.	6,551,684.	370,607.	5,796,931.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,433,562.	2,433,562.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,805,946.	923,261.	882,685.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	31,245,510.	20,502,676.	10,742,834.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,594,455.	1,726,585.	867,870.	
<b>9</b> Other employee benefits .....	4,364,121.	2,725,995.	1,638,126.	
<b>10</b> Payroll taxes .....	2,549,559.	1,675,162.	874,397.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	1,462,452.	1,039,423.	423,029.	
<b>b</b> Legal .....	717,695.	5,745.	711,950.	
<b>c</b> Accounting .....	217,382.	29,035.	188,347.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	356,743.		356,743.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,202,855.	2,396,868.	805,987.	
<b>12</b> Advertising and promotion .....	1,461,345.	1,125,236.	336,109.	
<b>13</b> Office expenses .....	1,002,666.	768,511.	234,155.	
<b>14</b> Information technology .....	7,514,357.	5,295,904.	2,218,453.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	3,283,328.	2,321,422.	961,906.	
<b>17</b> Travel .....	7,163,248.	5,381,831.	1,781,417.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	2,306,667.	1,967,942.	338,725.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	2,391,812.	1,700,220.	691,592.	
<b>23</b> Insurance .....	2,520,113.	1,504,709.	1,015,404.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> DISTRICT GOVERNOR	8,584,674.	7,726,207.	858,467.	
<b>b</b> ROTARIAN MAGAZINE	3,231,950.	2,585,560.	646,390.	
<b>c</b> EQUIPMENT RENT & MAINT	299,848.	269,442.	30,406.	
<b>d</b> UBI TAX	260,000.		260,000.	
<b>e</b> All other expenses _____	321,932.	190,066.	131,866.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	91,292,220.	64,295,362.	26,996,858.	0.
<b>26</b> 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 X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,976,780.	<b>1</b>	5,739,294.
	<b>2</b> Savings and temporary cash investments .....	20,830,731.	<b>2</b>	16,035,436.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	10,149,511.	<b>4</b>	10,297,001.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	1,072,369.	<b>7</b>	1,013,209.
	<b>8</b> Inventories for sale or use .....	257,182.	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	8,369,078.	<b>9</b>	7,789,764.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 157,857,597.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 105,589,650.	44,682,080.	<b>10c</b> 52,267,947.
	<b>11</b> Investments - publicly traded securities .....	78,582,011.	<b>11</b>	75,959,492.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	6,879,087.	<b>12</b>	8,001,211.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	2,219,646.	<b>13</b>	2,419,667.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,459,538.	<b>15</b>	1,914,244.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	181,478,013.	<b>16</b>	181,437,265.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	27,320,650.	<b>17</b>	24,816,416.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	8,298,077.	<b>19</b>	6,860,943.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	35,618,727.	<b>26</b>	31,677,359.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	145,859,286.	<b>27</b>	149,759,906.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	145,859,286.	<b>32</b>	149,759,906.
<b>33</b> Total liabilities and net assets/fund balances .....	181,478,013.	<b>33</b>	181,437,265.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	94,883,263.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	91,292,220.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,591,043.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	145,859,286.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-145,129.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	454,706.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	149,759,906.

**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 on 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 on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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 instructions and the latest information.

OMB No. 1545-0047

2019

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions 3-9 regarding monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures.

**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 make 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 program
  - 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             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 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 on 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 Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 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		89,851,949.	63,984,922.	25,867,027.
c Leasehold improvements		401,064.	210,619.	190,445.
d Equipment		65,336,783.	41,375,571.	23,961,212.
e Other		37,076.	18,538.	18,538.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				52,267,947.

**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) .....		
<b>Total.</b> (Col. (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) .....		
<b>Total.</b> (Col. (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) .....	
<b>Total.</b> (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) .....	
<b>Total.</b> (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 FASB 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.

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

**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.

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

**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.

PART X, LINE 2:

ROTARY INTERNATIONAL AND THE FOUNDATION HAVE EACH RECEIVED A FAVORABLE

DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE (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

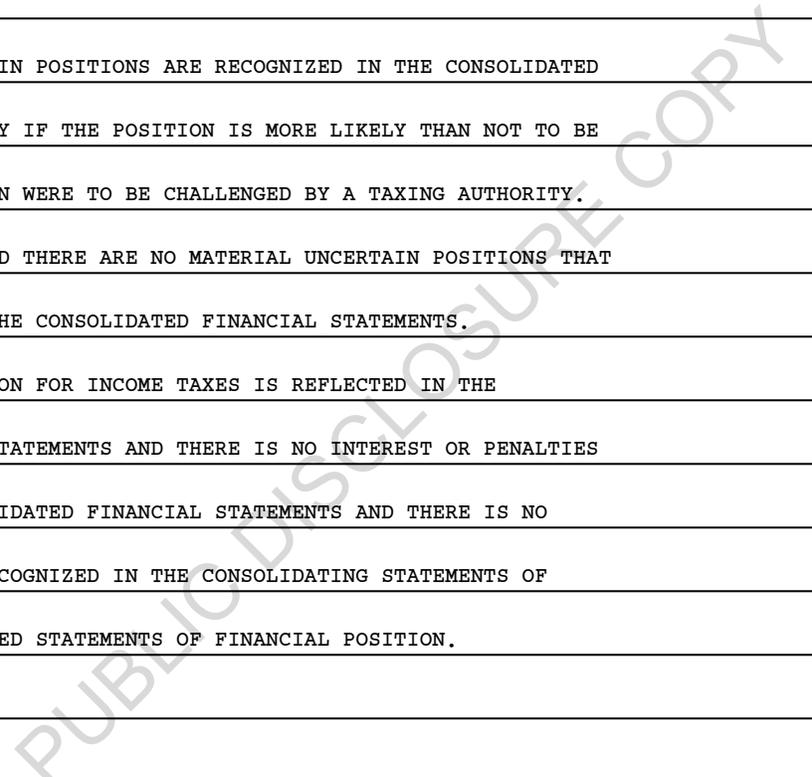
LOSS ADJUSTMENT EXPENSES ARE EXCLUDED FROM THE CALCULATION OF TAXABLE

**Part XIII** Supplemental Information (continued)

INCOME. THERE WAS NO LIABILITY FOR INCOME TAX AS OF 30 JUNE 2020 AND 2019.

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" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization <b>ROTARY INTERNATIONAL</b>	Employer identification number <b>36-1707667</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	3	20	PROGRAM SERVICES	MEMBER SUPPORT	1,117,033.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	30	PROGRAM SERVICES	MEMBER SUPPORT	4,645,750.
SOUTH AMERICA	2	8	PROGRAM SERVICES	MEMBER SUPPORT	393,835.
SOUTH ASIA	1	19	PROGRAM SERVICES	MEMBER SUPPORT	898,070.
SOUTH ASIA	1	130	PROGRAM SERVICES	IT SUPPORT	2,829,439.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		4,586,092.
<b>3 a</b> Subtotal .....	8	207			14,470,219.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c</b> Totals (add lines 3a and 3b) .....	8	207			14,470,219.

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

Schedule F (Form 990) 2019

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

PUBLIC DISCLOSURE COPY

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

PUBLIC DISCLOSURE COPY

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3

THE AMOUNTS REPORTED IN SCHEDULE F WERE DETERMINED USING THE ACCRUAL

METHOD OF ACCOUNTING.

PUBLIC DISCLOSURE COPY

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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?  **Yes**  **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

1 (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
THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1560 SHERMAN AVENUE - EVANSTON, IL 60201-3698	36-3245072	501(C)(3)	233,562.	0.			POLIOPLUS FUND
THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1560 SHERMAN AVENUE - EVANSTON, IL 60201-3698	36-3245072	501(C)(3)	2,200,000.	0.			COVID-19 DISASTER RELIEF

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.

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

Schedule I (Form 990) (2019)

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

ROTARY INTERNATIONAL ISSUED TWO GRANTS IN FISCAL YEAR ENDED 30 JUNE 2020 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 AND COVID-19

DISASTER RELIEF.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

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](http://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 Questions Regarding Compensation**

**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.

- |   |   |
|---|---|
| <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 (such as maid, chauffeur, chef) |

- b** If any of the boxes on 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 .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

- 3** Indicate which, if any, of the following the 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.
- |   |   |
|---|---|
| <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 |

- 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:
- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 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 .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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				
(1) JOHN HEWKO CHIEF EXECUTIVE OFFICER	(i)	326,643.	0.	0.	21,583.	16,729.	364,955.	0.
	(ii)	200,020.	0.	0.	13,217.	10,244.	223,481.	0.
(2) DAVID ALEXANDER CHIEF COMMUNICATIONS OFFICER	(i)	196,972.	0.	3,724.	20,932.	25,440.	247,068.	0.
	(ii)	36,459.	0.	689.	3,874.	4,709.	45,731.	0.
(3) JAMES BARNES CHIEF PROGRAMS & MEMBER SVS OFFICER	(i)	194,012.	0.	3,542.	25,212.	15,637.	238,403.	0.
	(ii)	67,231.	0.	1,227.	8,737.	5,419.	82,614.	0.
(4) MICHELE BERG DEPUTY GENERAL SECRETARY	(i)	190,119.	0.	0.	17,862.	16,500.	224,481.	0.
	(ii)	116,420.	0.	0.	10,938.	10,104.	137,462.	0.
(5) STEVEN ROUTBURG GENERAL COUNSEL	(i)	152,169.	0.	2,897.	22,138.	20,056.	197,260.	0.
	(ii)	75,158.	0.	1,431.	10,934.	9,906.	97,429.	0.
(6) THOMAS THORFINNSON CHIEF STRATEGY OFFICER	(i)	116,900.	0.	0.	16,572.	4,996.	138,468.	0.
	(ii)	116,900.	0.	0.	16,572.	4,996.	138,468.	0.
(7) FAIZ HANIF CHIEF INFORMATION OFFICER	(i)	113,551.	0.	0.	8,879.	15,914.	138,344.	0.
	(ii)	90,994.	0.	0.	7,121.	12,735.	110,850.	0.
(8) ERIC JONES CHIEF INVESTMENT OFFICER	(i)	27,059.	0.	0.	2,500.	2,463.	32,022.	0.
	(ii)	282,186.	0.	0.	26,073.	25,686.	333,945.	0.
(9) ANDREW MCDONALD DEPUTY GENERAL COUNSEL	(i)	123,188.	0.	2,319.	20,208.	6,204.	151,919.	0.
	(ii)	60,675.	0.	1,142.	9,953.	3,056.	74,826.	0.
(10) KRISTOPHER NEWBAUER DIRECTOR OF GLOBAL PEOPLE & TALENT	(i)	107,412.	0.	1,991.	14,084.	5,159.	128,646.	0.
	(ii)	89,670.	0.	1,663.	11,758.	4,307.	107,398.	0.
(11) VICTOR BARNES DIRECTOR OF PROGRAM & GRANTS	(i)	27,782.	0.	0.	4,804.	1,398.	33,984.	0.
	(ii)	153,061.	0.	0.	26,469.	7,700.	187,230.	0.
(12) JONATHAN SOUTH INVESTMENT OFFICER	(i)	17,503.	0.	0.	1,591.	2,410.	21,504.	0.
	(ii)	182,529.	0.	0.	16,591.	25,138.	224,258.	0.
(13) MICHAEL PATOCK INVESTMENT OFFICER	(i)	17,133.	0.	0.	2,225.	167.	19,525.	0.
	(ii)	178,676.	0.	0.	23,202.	1,747.	203,625.	0.
(14) BARRY RASSIN PAST PRESIDENT	(i)	123,680.	0.	0.	0.	7,641.	131,321.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) LORI CARLSON CFO (END 6/27/19)	(i)	66,854.	0.	14,784.	8,852.	444.	90,934.	0.
	(ii)	68,719.	0.	15,196.	9,099.	456.	93,470.	0.
	(i)							
	(ii)							

**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.

FORM 990, SCHEDULE J, PART I, LINE 1A - 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.

FORM 990, SCHEDULE J, PART I LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PE

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.

FORM 990, SCHEDULE J, PART 1, LINE 1A - TRAVEL FOR COMPANIONS

**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.

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.

FORM 990, SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS UP PAY

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.

FORM 990, SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIA

FOR THE PRESIDENT AND PRESIDENT-ELECT, EXPENSES RELATED TO MAINTAINING

CLUB MEMBERSHIPS ARE INCLUDED UNDER THE ROTARY CODE OF POLICES FOR

**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.

PERSONAL EXPENSE REIMBURSEMENT. THESE EXPENSE REIMBURSEMENTS ARE

TAXABLE TO THE RECIPIENT.

FORM 990, SCHEDULE J, PART I, LINE 1A - 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.

FORM 990, SCHEDULE J, PART I LINE 1A - 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.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

ROTARY INTERNATIONAL

Employer identification number

36-1707667

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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.

EXPENSES \$ 48,947,957. INCL GRANTS OF \$ 2,433,562. REVENUE \$ 6,098,054.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

ARGENTINA, AUSTRALIA, BANGLADESH, BRAZIL,

CANADA, SRI LANKA, CHILE, COLOMBIA,

DENMARK, EGYPT, ETHIOPIA, GERMANY,

INDIA, JAPAN, SOUTH KOREA, NIGERIA,

NORWAY, NEPAL, PERU, PAKISTAN,

PHILIPPINES, SOUTH AFRICA, SWEDEN, SWITZERLAND,

THAILAND, UNITED KINGDOM, UKRAINE, VENEZUELA

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.

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

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization ROTARY INTERNATIONAL	Employer identification number 36-1707667
--	--

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.

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.

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.

FORM 990, PART V, LINE 6B  
EXPRESS STATEMENT THAT SUCH CONTRIBUTIONS OR GIFTS WERE NOT TAX

Name of the organization ROTARY INTERNATIONAL	Employer identification number 36-1707667
--	--

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.

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.

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

2020. RI'S GLOBAL PEOPLE & TALENT TEAM COLLECTS DATA ON TOTAL COMPENSATION

Name of the organization ROTARY INTERNATIONAL	Employer identification number 36-1707667
--	--

(IE 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 PROVIDES 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.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MN, MS, NC, ND, NH, NJ, PA, RI, SC, TN, UT, VA, WI, WV

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.

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

Name of the organization ROTARY INTERNATIONAL	Employer identification number 36-1707667
--	--

PPH NET INCOME 454,706.

PUBLIC DISCLOSURE COPY

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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
THE ROTARY FDN OF ROTARY INTERNATIONAL - 36-3245072, 1560 SHERMAN AVENUE, EVANSTON, IL 60201-3698	CHARITABLE	ILLINOIS	501(C)(3)	7	ROTARY INTERNATIONAL	X	
ROTARY INTERNATIONAL HOLDINGS NFP - 32-0515763, 1560 SHERMAN AVENUE, EVANSTON, IL 60201-3698	CHARITABLE	ILLINOIS	501(C)(3)	10	ROTARY INTERNATIONAL	X	

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

Schedule R (Form 990) 2019

**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	
ROTARY INTERNATIONAL INFOTECH PVT., LTD. - 98-1050532, SUITE NO. 14, LEVEL 3, MUTTHA TOWERS, S. NO 103/123/1, DON	IT SUPPORT	INDIA	ROTARY INTERNATIONAL	RELATED	316,469.	2,974,690.		X	N/A	X		99.99%

**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
PPH NATIONAL INSURANCE CO - 03-0370108 76 ST. PAUL STREET, SUITE 500 BURLINGTON, VT 05041	CAPTIVE INSURANCE	VT	ROTARY INTERNATIONAL	C CORP	454,706.	5,478,566.	100%	X	

**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.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**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.

(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	2,433,562.	COST
(2) THE ROTARY FDN OF ROTARY INTERNATIONAL	N	1,489,938.	COST
(3) THE ROTARY FDN OF ROTARY INTERNATIONAL	O	35,352,370.	COST
(4) ROTARY INTERNATIONAL INFOTECH PVT., LTD.	P	3,352,035.	COST
(5) THE ROTARY FDN OF ROTARY INTERNATIONAL	P	7,556.	COST
(6) PPH NATIONAL INSURANCE CO	Q	84,970.	COST

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) THE ROTARY FDN OF ROTARY INTERNATIONAL	Q	17,601,472.	COST
(8) PPH NATIONAL INSURANCE CO	R	798,022.	COST
(9) PPH NATIONAL INSURANCE CO	O	208,219.	COST
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

ROTARY INTERNATIONAL INFOTECH PVT., LTD.

EIN: 98-1050532

SUITE NO. 14, LEVEL 3, MUTTHA TOWERS, S. NO 103/123/1, DON BOSCO MARG, OFF

PUNE, MAHARSHTRA, INDIA 411006

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