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Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

The mission of Rotary International (RI), a worldwide association of Rotary clubs, is to provide service to others, promote high ethical standards, and advance world understanding, goodwill, and peace through its fellowship of business, professional, and community leaders

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 10,595,835 including grants of \$ 0 ) (Revenue \$ 0 )

District Governors- The district governor directly oversees all clubs within the district In addition to providing leadership, the governor ensures continuity in all programs and related operations within the district and acts as a liaison between RI and the district Rotary International has 531 district governors

4b

(Code ) (Expenses \$ 6,283,424 including grants of \$ 0 ) (Revenue \$ 6,917,749 )

Magazine- The Rotarian magazine and the 31 regional magazines have a combined worldwide circulation of more than 1 25 million All members are required to subscribe to one of these official magazines, which provide informative and inspirational content in 25 languages The Rotarian, which is the flagship publication, is produced by RI, the regional magazines are published outside of the United States and are produced independently with some support from RI

4c

(Code ) (Expenses \$ 5,762,116 including grants of \$ 0 ) (Revenue \$ 6,094,346 )

International Convention- The International Convention is designed to inspire and inform all Rotarians at an international level on the implementation of the programs and activities of Rotary International and its Foundation during the past year and highlight upcoming activities The convention is held annually at different venues worldwide In 2010, the convention was held in Montreal, Canada, and attracted nearly 18,000 attendees

4d

Other program services (Describe in Schedule O ) See also Additional Data for Description

(Expenses \$ 34,547,323 including grants of \$ 666,984 ) (Revenue \$ 441,158 )

4e

Total program service expenses

\$ 57,188,698

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	1	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	4	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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>	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	8	No
9	Did the organization report an amount in Part X, line 21, 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>	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	No
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. . . . .</i>	11	Yes
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . .</i>	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	Yes
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I . . . . .</i>	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II . . . . .</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III . . . . .</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	18	No
19	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>	19	No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H . . . . .</i>	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a177		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a622		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a	Yes	
b	AR, AS, BG, BR, CA, CE, CI, DA, EG, GM, IN, JA, KS, NI, NO, PE, PK, RP, SF, SW, SZ, TH, UK, VE If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
7	Organizations that may receive deductible contributions under section 170(c). . . . .			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		
9	Sponsoring organizations maintaining donor advised funds. . . . .			
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		
10	Section 501(c)(7) organizations. Enter . . . . .			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b		
11	Section 501(c)(12) organizations. Enter . . . . .			
a	Gross income from members or shareholders . . . . .	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

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

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Geoffrey C Woie- Controller 1560 Sherman Ave Evanston, IL 602013698 (847) 866-3000

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)



<b>1b</b>	<b>Total</b> . . . . .	1,163,321	612,288	274,748
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶49

		<b>Yes</b>	<b>No</b>
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<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> . . . . .	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

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

(A) Name and business address	(B) Description of services	(C) Compensation
BlueCross BlueShield of Illinois 300 E Randolph Street Chicago, IL 60601	Health Insurer	4,743,207
Hyatt Hotels One Market Place San Diego, CA 92101	Hotel	2,808,357
Quad Graphics Inc 150 North Wacker Drive Chicago, IL 60606	Printing	2,040,144
United Airlines 77 West Wacker Drive Chicago, IL 60601	Air Travel	1,193,135
US Postal Service 1101 Davis Street Evanston, IL 60201	Freight	1,363,608

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶83

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	0				
	b	Membership dues . . . . .	1b	62,567,126				
	c	Fundraising events . . . . .	1c	0				
	d	Related organizations . . . .	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	46,158				
	g	Noncash contributions included in lines 1a-1f \$ 0						
	h	Total. Add lines 1a-1f . . . . .						62,613,284
Program Service Revenue			Business Code					
	2a	Magazine	541,800	6,917,749	6,309,728	608,021	0	
	b	International meetings	900,099	6,267,308	6,267,308	0	0	
	c	Open World Leadership Program	900,099	265,627	265,627	0	0	
	d							
	e							
	f	All other program service revenue		2,569	2,569	0	0	
	g	Total. Add lines 2a-2f . . . . .			13,453,253			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		2,535,606	0	0	2,535,606	
	4	Income from investment of tax-exempt bond proceeds . . .		0	0	0	0	
	5	Royalties . . . . .		1,556,633	0	0	1,556,633	
	6a	(i) Real		(ii) Personal				
		Gross Rents	5,313,027	0				
		b Less rental expenses	4,012,278	0				
		c Rental income or (loss)	1,300,749	0				
	d	Net rental income or (loss) . . . . .		1,300,749	0	0	1,300,749	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	255,767,365	0				
		b Less cost or other basis and sales expenses	254,303,331	0				
		c Gain or (loss)	1,464,034	0				
	d	Net gain or (loss) . . . . .		1,464,034	0	0	1,464,034	
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
		a						
		b Less direct expenses . . . . .	b					
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
		a						
		b Less direct expenses . . . . .	b					
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances . . . . .							
	a	804,612						
	b Less cost of goods sold . . . . .	b						964,960
c	Net income or (loss) from sales of inventory . . .		-160,348	-160,348	0	0		
Miscellaneous Revenue		Business Code						
11a	Currency exchange	900,099	-222,459	0	0	-222,459		
b	Travel service	900,099	73,527	73,527	0	0		
c	Insurance- US Clubs	524,298	989,391	989,391	0	0		
d	All other revenue . . . . .		107,553	107,553	0	0		
e	Total. Add lines 11a-11d . . . . .			948,012				
12	Total revenue. See Instructions . . . . .			83,711,223	13,855,355	608,021	6,634,563	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	666,984	666,984		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees . . . . .	920,043	625,629	294,414	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	20,094,883	14,155,455	5,939,428	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	2,514,065	1,213,896	1,300,169	0
9	Other employee benefits . . . . .	2,785,438	1,835,065	950,373	0
10	Payroll taxes . . . . .	1,662,087	1,151,173	510,914	0
11	Fees for services (non-employees)				
a	Management . . . . .	1,535,832	216,919	1,318,913	0
b	Legal . . . . .	353,991	164,970	189,021	0
c	Accounting . . . . .	123,218	66,510	56,708	0
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	256,771		256,771	
g	Other . . . . .	1,379,972	973,105	406,867	
12	Advertising and promotion . . . . .	2,103,494	2,102,572	922	
13	Office expenses . . . . .	6,972,287	5,625,810	1,346,477	
14	Information technology . . . . .	2,449,357	1,226,727	1,222,630	
15	Royalties . . . . .				
16	Occupancy . . . . .	3,039,698	1,991,984	1,047,714	
17	Travel . . . . .	10,143,293	7,131,041	3,012,252	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	5,421,454	4,783,966	637,488	
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	3,118,994	1,274,073	1,844,921	
23	Insurance . . . . .	1,452,496	1,262,651	189,845	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	Equipment rental and maintenance	749,438	415,499	333,939	0
b	District Governors	9,465,410	9,465,410	0	0
c	Miscellaneous	1,049,646	839,259	210,387	0
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	78,258,851	57,188,698	21,070,153	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			5,509,431	1	6,248,595
	2	Savings and temporary cash investments . . . . .			9,661,041	2	10,982,329
	3	Pledges and grants receivable, net . . . . .			0	3	0
	4	Accounts receivable, net . . . . .			5,058,130	4	6,350,833
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .			0	6	0
	7	Notes and loans receivable, net . . . . .			201,037	7	331,649
	8	Inventories for sale or use . . . . .			127,525	8	182,511
	9	Prepaid expenses and deferred charges . . . . .			2,893,893	9	2,509,255
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	89,059,083	37,363,972	10c	35,771,184
	b	Less accumulated depreciation . . . . .	10b	53,287,899			
	11	Investments—publicly traded securities . . . . .			78,324,768	11	91,896,543
	12	Investments—other securities See Part IV, line 11 . . . . .			0	12	
	13	Investments—program-related See Part IV, line 11 . . . . .			0	13	
	14	Intangible assets . . . . .			0	14	0
	15	Other assets See Part IV, line 11 . . . . .			862,390	15	1,805,525
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			140,002,187	16	156,078,424
Liabilities	17	Accounts payable and accrued expenses . . . . .			29,233,512	17	36,177,623
	18	Grants payable . . . . .			0	18	0
	19	Deferred revenue . . . . .			4,137,171	19	1,857,687
	20	Tax-exempt bond liabilities . . . . .			0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			0	24	0
	25	Other liabilities Complete Part X of Schedule D . . . . .			0	25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			33,370,683	26	38,035,310
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				106,631,504	27	118,043,114
	27	Unrestricted net assets . . . . .					
	28	Temporarily restricted net assets . . . . .					
	29	Permanently restricted net assets . . . . .			0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					30	
	30	Capital stock or trust principal, or current funds . . . . .					
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .					
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .					
	33	Total net assets or fund balances . . . . .			106,631,504	33	118,043,114
	34	Total liabilities and net assets/fund balances . . . . .			140,002,187	34	156,078,424

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> 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? . . . . .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

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" to Form 990, Part IV, line 6.

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

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply)											
	<div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)</div> <div><input type="checkbox"/> Protection of natural habitat</div> <div><input type="checkbox"/> Preservation of open space</div>	<div><input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Preservation of a certified historic structure</div>										
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?											
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?											
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	Investment earnings or 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 year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

3b

Yes

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	0	2,960,445		2,960,445
b Buildings . . . . .	0	62,962,517	33,872,214	29,090,303
c Leasehold improvements . . . . .	0	290,354	247,096	43,258
d Equipment . . . . .	0	22,789,508	19,112,330	3,677,178
e Other . . . . .	0	56,259	56,259	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				35,771,184

Schedule D (Form 990) 2009





Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

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

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

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
SchD_P10_S00_L00	Schedule D, Part X	"Part X Footnote 2 of Rotary International's Consolidated Financial Statements as of and for the year ended 30 June 2010 Recent Accounting Pronouncements FIN 48" In June 2006, the Financial Accounting Standards Board (FASB) issued Accounting Standards Codification (ASC) 740 (formerly FASB Interpretation (FIN) No 48), Accounting for Uncertainty in Income Taxes ASC 740 clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements in accordance with ASC 740 (formerly FASB Statement No 109), Accounting for Income Taxes The interpretation prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return This standard was originally effective for nonpublic entities for fiscal years beginning after 15 December 2006 On 30 December 2008, the FASB issued ASC 740 (formerly FASB Staff Position (FSP) FIN 48-3), which defers the effective date of ASC 740 for nonpublic entities until years beginning after 15 December 2008 Rotary's management adopted ASC 740 in the consolidated financial statements for fiscal year 2010, and the impact of adoption was not material

**SCHEDULE F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

## Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

# 2009

## Open to Public Inspection

Name of the organization  
ROTARY INTERNATIONAL

Employer identification number

36-1707667

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of 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 For grant makers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

**3** Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	2	17	Program Services	Membership support & Management and general	508,984
East Asia and the Pacific	3	37	Program Services	Membership support & Management and general	1,334,193
South Asia	2	111	Program Services	Membership support & Management and general	1,353,442
Europe (including Iceland and Greenland)	1	35	Program Services	Membership support & Management and general	3,469,748
<b>Totals . . . . . ▶</b>	8	200			6,666,367

**1**

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 III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

[illegible]

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," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2009

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
Rotary Foundation of Rotary International1560 Sherman Ave Evanston,IL 60201	363245072	501(c)(3)	656,984				PolioPlus Fund
Rotary Foundation of Rotary International1560 Sherman Ave Evanston,IL 60201	363245072	501(c) (3)	10,000				Annual Programs Fund

2

Enter total number of section 501(c)(3) and government organizations . . . . .

1

3

Enter total number of other organizations . . . . .

0

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) 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 non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
ROTARY INTERNATIONAL

Employer identification number  
  
36-1707667

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div>		
	<div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div>		
	<div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div></div>		
	<div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div>		
	<div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div>		
	<div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in 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?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in 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?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	



Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Edwin H Futa	(i)	186,328	0	12,199	10,138	6,772	215,437	0
	(ii)	76,106	0	4,983	4,141	2,766	87,996	0
Peter J DeBerge	(i)	103,712	0	8,321	6,038	11,548	129,619	0
	(ii)	67,713	0	5,433	3,942	7,540	84,628	0
Peter Markos	(i)	101,545	0	11,992	5,938	18,483	137,958	0
	(ii)	41,476	0	4,898	2,425	7,549	56,348	0
Kathleen Kessenich	(i)	101,387	0	11,997	7,390	11,436	132,210	0
	(ii)	38,457	0	4,550	2,803	4,338	50,148	0
Theresa Nissen	(i)	144,235	0	14,621	10,214	9,038	178,108	0
	(ii)	0	0	0	0	0	0	0
Steven Routburg	(i)	76,344	0	9,205	5,022	6,662	97,233	0
	(ii)	63,736	0	7,685	4,192	5,562	81,175	0
Jeanette Hamilton	(i)	33,838	0	5,232	2,163	1,911	43,144	0
	(ii)	89,208	0	13,794	5,703	5,039	113,744	0
Robert Mintz	(i)	42,628	0	9,271	2,699	10,257	64,855	0
	(ii)	60,090	0	13,068	3,804	14,458	91,420	0
Dong-Kurn Lee	(i)	23,048	0	0	0	5,418	28,466	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	<p>1 FIRST CLASS TRAVEL Uncompensated volunteer leaders conduct extensive international travel on behalf of the organization. Rotary International provides business-class airfare for members of the Board of Directors. Business class 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 travel.</p> <p>2 TRAVEL FOR COMPANIONS Rotary International provides for spouse travel if spouse participation assists the organization in achieving its mission. The Rotarian and spouse are required to submit documentation detailing the activities and supporting the bona fide business purpose of the travel. Management reviews the documentation during the expense reimbursement approval process.</p> <p>3 TAX INDEMNIFICATION and GROSS-UP PAYMENTS Rotary International does not compensate the president and president-elect's services other than the reimbursement of certain personal expenses related to their services (i.e., the cost to maintain their personal residence, health insurance, etc.) as defined in Rotary Code of Policies. These expense reimbursements are taxable to the recipient. It is the Board's policy to pay the presidents for the taxes associated with this income.</p> <p>4 HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE For efficiency, residences near RI headquarters are provided for Rotary International's 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 traveling on behalf of the association. These expense reimbursements are taxable to the recipients.</p> <p>5 HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES For the president and president-elect, expenses related to maintaining club memberships are included under the Rotary Code of Policies for personal expenses reimbursement. These expense reimbursements are taxable to the recipient.</p>

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
ROTARY INTERNATIONAL

Employer identification number  
36-1707667

Identifier	Return Reference	Explanation
F990_P06_S0A_L06	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
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	The procedures for the selection of Rotary International (RI) officers are stated in the RI bylaws. The RI nominating committees select nominees for the Board of Directors and president. Directors are nominated by zones. Each of the 34 worldwide RI zones nominates a director from the membership of the clubs in that zone every fourth year according to a schedule established by the RI Board. Each zone elects a member of a club, who must be a past director of RI, to serve on the nominating committee for president. Each club may vote in the election for president, which takes place at the annual RI Convention.
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The Form 990 is reviewed by the controller, the chief financial officer, and the appointed external tax consultant. The return is signed by the general secretary, provided to the Board of Directors, and filed with the IRS.
F990_P06_S0B_L12c	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 of the organization and the Board of Directors. Key employees and other employees in a position of influence are also required to make annual conflict of interest disclosures.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The process for determining compensation for the general secretary and general managers was last reviewed in fiscal year 2009. RI's Human Resources collects data on total compensation (i.e., base salary and benefits) from several sources, including independent compensation consultants, salary surveys, Internet sites, professional publications, and information from similar organizations in the Chicago area. Human Resources provides a salary range for the general secretary position and the Executive Committee of the Board of Directors determines the compensation amount. The general secretary provides specific recommendations for the general managers' salary increases, which are approved by the board.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Rotary International makes its governing documents, conflict of interest policy, and audited financial statements available to the public on the organization's website, www.rotary.org.
F990_P07_S0A_L01b	Form 990, Part VII, Section A, Line 1b	Average hours per week devoted to related organization, The Rotary Foundation: Edwin H. Futa, General Secretary, 12 hrs.; Peter J. DeBerge, Chief Financial Officer, General Manager, 16 hrs.; Peter Markos, Chief Information Officer, General Manager, 12 hrs.; Kathleen Kassenich, Communications Services General Manager, 11 hrs.; Steven Routburg, General Counsel, Legal Services Division Manager, 18 hrs.; Jeanette Hamilton, Investments & Treasury Division Manager, 29 hrs.; Robert Mintz, Corp. Relations & Global Travel Division Manager, 23 hrs.; Vijayalakshmi Vennelakanti, Enterprise Applications Division Manager, 20 hrs.; Geoffrey C. Woie, Controller, 20 hrs.

<div>SCHEDULE R</div> <div>(Form 990)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>	<div>Related Organizations and Unrelated Partnerships</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.</div> <div>▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009

<div>Name of the organization</div> ROTARY INTERNATIONAL	<div>Employer identification number</div> 36-1707667
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Part I

Identification of Disregarded Entities

(Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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
Rotary International Infotech Pvt Ltd 6th Floor Marisoft III Bldg E Pune, Maharashtra 411014 IN 000000000	Information Services	IN	1,747,705	522,861	N/A

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
The Rotary Foundation of Rotary International  1560 Sherman Ave  Evanston, IL 60201 36-3245072	Charitable services and grants	IL	501(c)(3)	line 7	N/A

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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
Fixed Income Gen PRTSP II of Rotary											
1560 Sherman Ave Evanston, IL60201 36-4401367	Investment	IL	The Rotary Foundation	Excluded	3,527,103	40,712,123	No	0		Yes	
Equity General PTRSHP II of Rotary											
1560 Sherman Ave Evanston, IL60201 36-4401359	Investment	IL	The Rotary Foundation	Excluded	-1,139,072	30,513,282	No	0		Yes	
International Equity Gen PRTSHP II of Rotary											
1560 Sherman Ave Evanston, IL60201 36-4401363	Investment	IL	The Rotary Foundation	Excluded	342,000	21,627,757	No	0		Yes	

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
PPH National Insurance Co 76 St Paul Street Suite 500 Burlington, VT05401 03-0370108	Captive insurance	VT	N/A	C	1,032,975	5,067,908	1 00 %

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

1a

Yes

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

**Part VI**   **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID: 09000073

Software Version: v1.00

EIN: 36-1707667

Name: ROTARY INTERNATIONAL

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	The Rotary Foundation of Rotary International	b	666,984
(2)	The Rotary Foundation of Rotary International	m	3,090,411
(3)	The Rotary Foundation of Rotary International	n	25,026,436
(4)	The Rotary Foundation of Rotary International	p	13,935,298
(5)	PPH National Insurance Co	n	105,288
(6)	PPH National Insurance Co	q	775,538
(7)	Equity General PTRSHP II of Rotary	a-l	167,676
(8)	Fixed Income Gen PRTSP II of Rotary	a-l	1,615,942
(9)	Fixed Income Gen PRTSP II of Rotary	q	3,000,000
(10)	Fixed Income Gen PRTSP II of Rotary	r	12,000,000
(11)	International Equity Gen PRTSHP II of Rotary	a-l	2
(12)	International Equity Gen PRTSHP II of Rotary	q	12,000,000



Additional Data

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	34,547,323	including grants of \$ 666,984 ) (Revenue \$ 441,158 )
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 service goals, expand Rotary membership, and promote their activities to the media and general public.			

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
John Kenny President	40	X		X				128,542	0	13,701
Ray Klinginsmith President-elect	40	X		X				15,352	0	8,284
Eric E Lacoste Adamson Vice President	15	X		X				0	0	0
Michael Colasurdo Sr Treasurer	15	X		X				0	0	0
John T Blount Director	15	X						0	0	0
Lars-Olof Fredriksson Director	15	X						0	0	0
Frederick W Hahn Jr Director	15	X						0	0	0
Antonio Hallage Director	15	X						0	0	0
Jackson San-Lien Hsieh Director	15	X						0	0	0
Masahiro Kuroda Director	15	X						0	0	0
John M Lawrence Director	15	X						0	0	0
Kyu-Hang Lee Director	15	X						0	0	0
David C J Liddiatt Director	15	X						0	0	0
Catherine Noyer-Riveau Director	15	X						0	0	0
Ekkehart Pandel Director	15	X						0	0	0
K R Ravindran Director	15	X						0	0	0
Jose Alfredo Sepulveda Director	15	X						0	0	0
Philip J Silvers Director	15	X						0	0	0
Thomas M Thorfinnson Director	15	X						0	0	0
Edwin H Futa General Secretary	28			X	X			198,527	81,089	23,817
Peter J DeBerge Chief Financial Officer, General Manager	24			X	X			112,033	73,146	29,068
Peter Markos Chief Information Officer, General Manager	28				X			113,537	46,374	34,395
Kathleen Kessenich Communications Services General Manager	29				X			113,384	43,007	25,967
Theresa Nissen Membership Services General Manager	40				X			158,856	0	19,252
Steven Routburg General Counsel, Legal Services Division Manager	22					X		85,549	71,421	21,438

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Jeanette Hamilton Investments & Treasury Division Manager	11					X		39,070	103,002	14,816
Robert Mintz Corp Relations & Global Travel Division Manager	17					X		51,899	73,158	31,218
Vijayalakshmi Vennelakanti Enterprise Applications Division Manager	20					X		61,487	61,487	23,396
Geoffrey C Woie Controller	20					X		62,037	59,604	23,978
Dong-Kurn Lee Past President	0						X	23,048	0	5,418