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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

benefit trust or private foundation)

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

2010

Open to Public Inspection

A Fo	r the	2010 ca	lendar year, or tax year beginning 07-01-2010 and ending 06-30-2011			Inspection
B Ch	eck if a	applicable	C Name of organization Rotary International	D	Employer i	dentification number
☐ Add	lress c	hange	,		36-17076	567
Naı	ne cha	ange	Doing Business As	E	Telephone	number
☐ Init			Number and street (or P O box if mail is not delivered to street address) R 1560 Sherman Avenue	oom/suite	(847) 866	5-3000
		return	City or town, state or country, and ZIP + 4	G	Gross receip	ts \$ 241,393,767
_		n pending	Evanston, IL 602013698			
		, ,	F Name and address of principal officer	1(a) 1-+		ates? Yes No
			John P Hewko	(a) is this a group	return for amin	ates/ Yes No
			1560 Sherman Avenue Evanston,IL 602013698	l(b) Are all affilia	ates included	?
				_		t (see instructions) umber ► 0573
I Ta	x-exer	mpt status	501(c)(3) 501(c) (4) (insert no) 4947(a)(1) or 527	(c) Groupex	emption in	ullibel F 0575
J W	ebsit	e: 🕨 www	v rotary org			
K For	n of o	rganızatıon	✓ Corporation Trust Association Other ►	L Year of formati	on 1911	M State of legal domicile IL
Pa	rt I	Sum	mary		•	
Activities & Governance		Rotary Ir	escribe the organization's mission or most significant activities nternational (RI) is a worldwide association of Rotary Clubs, whose mission , and advance world understanding, goodwill, and peace	n is to provide	service to	others, promote
E .						
Ŝ	2	Check th	is box দ if the organization discontinued its operations or disposed of m	ore than 25%	of its net a	ıssets
26			of voting members of the governing body (Part VI, line 1a)		3	19
Ĕ			of independent voting members of the governing body (Part VI, line 1b)		4	17
MA S			mber of individuals employed in calendar year 2010 (Part V, line 2a) . mber of volunteers (estimate if necessary)		6	1,223,413
đ			related business revenue from Part VIII, column (C), line 12		7a	514,627
			lated business taxable income from Form 990-T, line 34		7b	-57,461
				Prior Ye	ar	Current Year
_	8	Contrib	butions and grants (Part VIII, line 1h)	62,	613,284	60,252,007
Rayenue	9	Progra	m service revenue (Part VIII, line 2g)	13,	453,253	12,809,875
3,6	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)	•	999,640	6,127,782
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue—add lines 8 through 11 (must equal Part VIII, column (A), line	3,	645,046	6,417,474
	12		evenue—add lines o through 11 (must equal Part VIII, column (A), line	83,	711,223	85,607,138
	13		and similar amounts paid (Part IX, column (A), lines 1-3)		666,984	373,658
	14	Benefit	ts paid to or for members (Part IX, column (A), line 4)		0	0
92	15	Salarie 10)	es, other compensation, employee benefits (Part IX, column (A), lines 5-	27.	976,516	28,024,865
Expenses	16a	•	sional fundraising fees (Part IX, column (A), line 11e)		0	0
₹	ь		ndraising expenses (Part IX, column (D), line 25) •0			
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	49,	615,351	46,687,388
	18	Total e	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	78,	258,851	75,085,911
	19	Revent	ue less expenses Subtract line 18 from line 12	5,	452,372	10,521,227
Net Assets or Fund Balances				Beginning of Year	Current	End of Year
50 G	20	Totala	ussets (Part X, line 16)		078,424	178,947,698
2 P. B.	21		iabilities (Part X, line 26)		035,310	29,968,335
<u> 27</u>	22	Netas	sets or fund balances Subtract line 21 from line 20	118,	043,114	148,979,363
	t II	_	ature Block			
	ledge	and belief	erjury, I declare that I have examined this return, including accompanying scheo f, it is true, correct, and complete. Declaration of preparer (other than officer) is			
		****		2012-0	4-30	
Sign		Signa	ture of officer	Date		
Here	2		ARLSON CFO or print name and title			
		Print/Type preparer's	Date Date		k ıf self- oyed ▶	PTIN
Paid			ne GRANT THORNTON LLP	1 1	· I	Firm's EIN
Prepa		Fırm's add	ress 175 W JACKSON BLVD STE 2000			Phone no (312) 856-
Use (אווע		CHICAGO, IL 60604			0200

May the IRS discuss this return with the preparer shown above? (see instructions)

				i ugc
Par	Part III Statement of Program Service Check if Schedule O contains a response		art III	.
1	Briefly describe the organization's mission			
work	Rotary International is made up of 33,000 clubs with work locally, regionally, and internationally to combaseace, and eradicate polio under the motto Service A	at hunger, ımprove health an		
2	2 Did the organization undertake any significant the prior Form 990 or 990-EZ?	program services during the	e year which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services on Sche	dule O		
3	3 Did the organization cease conducting, or mak services?	e significant changes in hov	wit conducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes on Schedule	0		
4	Describe the exempt purpose achievements for Section 501(c)(3) and 501(c)(4) organization allocations to others, the total expenses, and	s and section 4947(a)(1) tr	rusts are required to report the amo	
4a	4a (Code) (Expenses \$	9,612,175 including grants of	f \$ 0) (Revenue \$	0)
	District Governors - The District Governor is the officer of Governor provides leadership and supervision to clubs in Governors			
4b	4b (Code) (Expenses \$	6,055,394 including grants of	f\$ 0)(Revenue\$	6,746,951)
	Magazine - The Rotarian magazine and the 30 regional subscribe to one of these official magazines, which proproduced by RI, the regional magazines are published	I magazines have a combined wor	rldwide circulation of more than 1 25 millio content in 25 languages The Rotarian, wh	n All members are required to nich is the flagship publication, is
	4c (Code) (Expenses \$	4,989,116 including grants of	f\$ 0)(Revenue\$	5,761,944)
40	International Convention - The International Convention level while advancing the strategic goals of Rotary Interconvention was held in New Orleans, U.S., and attracted	n is the annual business meeting or mational and its Foundation. The	of RI and is designed to inspire and inform	Rotarians at an international
	4d Other program services (Describe in Schedu			
4u		ing grants of \$	373,658) (Revenue \$	543,734)
		57 829 709		

Dart TV	Checklist	of De	auired	Schedul	
4.11.7.4	CHECKHAL	UI NE	uuncu	Julieuui	_ 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15		Νο
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 ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20Ь		

Par	t 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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. ত	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 195			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
2a	gaming (gambling) winnings to prize winners?	1c		
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	If "Yes," enter the name of the foreign country 🕨			
	See instructions for 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		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
_		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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
С	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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.			
а	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			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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			
13	year			
а	a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O			
h	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	Tf "Vee " has it filed a Form 730 to report these payments? If "No " provide an explanation in Schedule O	14b		<u> </u>

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.

<u>S</u> e	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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	
ь	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			
а	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		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
	venue 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	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	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?			
а	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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
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		
Se	ection 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			

- Own website Another's website Vpon request
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 GEOFFREY C WOIE CONTROLLER

1560 SHERMAN AVENUE

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

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, and current key employees 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organ	•	elated o	rganı	zatio	on co	ompen	sate	d any current office	r, director, or trust	ee
(A) Name and Title	(B) Average hours	Posi	(C) osition (check all that apply)				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other	
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										

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

	(A) Name and Title	(B) A verage hours	A verage Position (check all hours that apply)							(D) Reportable Formula Compensation Compensa		1	(F) Estima amount o compens	ited fother
		week (describe hours for related organizations	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensat	Former	organız	zation (W- 9-MISC)	from related organizations (W- 2/1099- MISC)		from t organizati relati organiza	he on and ed
		in Schedule O)	stee	ustee		8	nsated							
See A	Additional Data Table													
												_		
1b	Sub-Total				•	•		•						
_с	Total from continuation sheets	to Part VII, Sec	tion A	•	•	•	<u> </u>			4 272 222	500.05			
d 	Total (add lines 1b and 1c). Total number of individuals (incl \$100,000 in reportable compen	-	nıted to	thos	e lıs	ted	a bove) who	receive	1,273,802 ed more tha	692,86 n	4		226,707
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci	·				еу е •	mploy	ee, o	r highes	t compens	ated employee	3	Yes	
4	For any individual listed on line organization and related organiz											4	Yes	
5	Did any person listed on line 1a services rendered to the organiz										r individual for •	5		No
S	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from	n the organizatio		ndep	ende	ent o	ontra	tors	that red	eived more				
	Nar	(A) me and business ad	dress							Descr	(B) iption of services		(C) Compen	
OCE	Business services Inc	-								I				

(A) Name and business address	(B) Description of services	(C) Compensation
OCE Business services Inc PO Box 930505 ATLANTA, GA 31193	management services	1,341,079
On The Scene - A Chicago Unlimited 500 N Dearborn Street Suite 550 CHICAGO, IL 60610	Event Planning	1,048,985
Global Experience Specialists Inc 7050 Lindell Road LAS VEGAS, NV 89118	Marketing	816,491
Tympanı Inc 2001 Butterfield Road Suite 250 DOWNERS GROVE, IL 60515	IT consulting	712,270
Dunn Solutions Group 5550 W Touhy Ave 4th floor SKOKIE, IL 60077	IT Consulting	480,422
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►26) who received more than	

Form 9		·					Pa	ge 9
			ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts		Federated campaigns	1a 	60.252.007				
ಕ್ಷಿಕ		Membership dues		60,252,007				
# # ± ± €	С	Fundraising events	1c					
		Related organizations						
Sin	е	Government grants (contributions)	1e					
Fer Fer	f	All other contributions, gifts, grants similar amounts not included above						
E T	g	Noncash contributions included in li	nes 1a-1f \$					
Se	h	Total. Add lines 1a-1f			60,252,007			
				Business Code				
Кеп	2a	MAGAZINE		541800	6,746,951	6,192,750	554,201	
22		·		900099		5,863,164		
MCP	c d	OPEN WORLD LEADERSHIP PROGR OPERATING INCOME - INFOTECH	АМ	900099	271,182 -71,422	271,182 -71,422		
38	e	THE THE THE THE THE THE TENT		300033	-/1,722	-71,422		
Ē	f	All other program service re	venue					
Program Serwce Revenue	а	Total. Add lines 2a-2f			12,809,875			
		Investment income (includir						
		and other similar amounts)	· .		2,423,295			2,423,295
	4	Income from investment of tax-ex	empt bond proceeds		0			
	5	Royalties	.		1,467,449			1,467,449
			(ı) Real 6,754,433	(II) Personal				
		Gross Rents Less rental	3,924,541					
		expenses Rental income	2,829,892					
		or (loss)			2 020 002		20 574	2 000 400
	d	Net rental income or (loss)		(u) O + h = n	2,829,892		-39,574	2,869,466
	7a	Gross amount from sales of assets other	(ı) Securities 147,239,314	(II) O ther 7,225,762				
	L	than inventory Less cost or	143,538,150	7,222,439				
		other basis and sales expenses Gain or (loss)	3,701,164	3,323				
		Net gain or (loss)		3,323	3,704,487			3,704,487
une		Gross income from fundraisi (not including						
Other Revenue		\$ of contributions reported on See Part IV , line 18						
ihe	L	lana dimente	a L					
δ		Less direct expenses . Net income or (loss) from ful			0			
			ectivities See Part IV, line 19 . a					
		Less direct expenses . Net income or (loss) from ga	_	,	0			
	10a	Gross sales of inventory, les returns and allowances						
	h	Less cost of goods sold .	a . h	1,150,209 1,101,499				
		Net income or (loss) from sa		1,101,499	48,710	48,710		
		Miscellaneous Revenue	<u>. </u>	Business Code				
	11a	INSURANCE - U S CLUBS		524298	1,012,640			1,012,640
	Ь	CURRENCY EXCHANGE		900099	864,739			864,739
	c	SERVICE INCOME		900099	126,367			
		All other revenue			67,677	67,677		
	е	: Total. Add lines 11a-11d			2,071,423			
	12	Total revenue. See Instructi	ons		05.607.15		F4.4.60=	
					85,607,138	12,498,428	514,627	12,342,076
							rm 990 (20	

	990 (2010)				Page 10
Par	Statement of Functional Expenses				
Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to c			(D).	
Do no	ot include amounts reported on lines 6b, o, 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	373,658	373,658		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,085,434	770,658	314,776	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	20,263,336	14,412,798	5,850,538	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,632,734	1,902,749	729,985	
9	Other employee benefits	2,336,461	1,524,905	811,556	
10	Payroll taxes	1,706,900	1,198,299	508,601	
а	Fees for services (non-employees) Management	1,640,026	240,097	1,399,929	
b	Legal	360,453	161,961	198,492	
С	Accounting	67,044	38,406	28,638	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	275,918		275,918	
g	Other	1,216,491	823,127	393,364	
12	Advertising and promotion	2,042,679	2,036,777	5,902	
13	Office expenses	2,858,759	1,961,708	897,051	
14	Information technology	3,614,159	1,866,116	1,748,043	
15	Royalties	0			
16	Occupancy	3,268,168	2,154,646	1,113,522	
17	Travel	8,334,606	7,226,129	1,108,477	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	4,432,538	4,360,769	71,769	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,013,670	1,242,572	1,771,098	
23	Insurance	1,476,259	1,285,885	190,374	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	DISTRICT GOVERNORS	9,160,583	9,160,583		
b	MAGAZINE PUBLICATIONS	3,883,625	3,883,625		
С	EQUIPMENT RENT & MAINTENANCE	525,918	406,731	119,187	
d	MISCELLANEOUS	516,492	797,510	-281,018	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	75,085,911	57,829,709	17,256,202	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				200 (2010)

Part X Balance Sheet (A) (B) Beginning of year End of year 6,248,595 9,203,423 1 1 10.982.329 2 13,112,049 2 3 3 6,350,833 4 4,100,179 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 331,649 7 287,086 Notes and loans receivable, net 8 182,511 8 228,493 2,509,255 9 3,941,596 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 92,752,823 10a Part VI of Schedule D 10b 57.344.350 ь Less accumulated depreciation 35,771,184 **10c** 35,408,473 67.028.464 11 91.896.543 11 0 12 44,111,573 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 1,805,525 15 1,526,362 15 16 156.078.424 16 178,947,698 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 36.177.623 17 27.322.027 17 Accounts payable and accrued expenses . 18 18 19 19 1.857.687 2.646.308 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 38.035.310 26 29.968.335 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 118,043,114 27 148,979,363 Unrestricted net assets Temporarily restricted net assets 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 118,043,114 33 148,979,363 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 156.078.424 178,947,698 34

Pa	Check if Schedule O contains a response to any question in this Part XI			. [~		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		85,6	507,138	
2	Total expenses (must equal Part IX, column (A), line 25)	2			75,085,91	
3	Revenue less expenses Subtract line 2 from line 1	3		10,5	521,227	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		118,0	043,114	
5	Other changes in net assets or fund balances (explain in Schedule O)	5		20,415,02		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		148,9	979,363	
Pai	rt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		_	୮		
	- Check in deficulties a response to any question in this rate All 1	• •	-	Yes	No	
1	Accounting method used to prepare the Form 990			163	110	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, 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 its Schedule O		2c	Yes		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued				
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?	e	3a		Νο	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b			

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2010

Open to Public Inspection

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.

Employer identification number Name of the organization Rotary International 36-1707667 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 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨

- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
 Number of states where property subject to conservation easement is located
 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
 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)?

 Yes No

 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
- 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

F → _____

- **b** Assets included in Form 990, Part X
- For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Part	•••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tı</u>	reası	ures, or C	the	<u>r Similar</u>	Ass	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing	that a	re a significa	ant u	ise of its col	lectio	n	
а	Public exhibition		d	Γ	Loan	orexo	:hange progi	rams				
ь	Scholarly research		e	Γ	Other	r						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ain ho	w the	y furthe	erthe	organızatıor	ı's ex	cempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to For	m 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	edıary	forc	ontribu	itions	or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Γ			A mo	unt	
с	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 Fo	orm 990. Part X. lin	e 21?				L				Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									'	. 05	,
	rt V Endowment Funds. Complete		n ans	wer	ed "Ye	s" to	Form 990.	Par	t IV. line	10.		
		(a)Current Year) Prior			wo Years Back		Three Years B		e) Four Y	ears 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 yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
Ь	Permanent endowment 🕨											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are held	dand	administere	d for	the			
	organization by								Г		Yes	No
	(i) unrelated organizations		•			•		•	-	3a(i)		
	(ii) related organizations							•		3a(ii)	<u> </u>	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	•				•		•	[3b		<u> </u>
	t VI Investments—Land, Buildings					an n	art V line	10				
Fal	TVI Investments—Land, Buildings	s, and Equipme	ille. S				,		(=) (=================================			
	Description of investment				Cost or s (invest		(b)Cost or o		(c) Accumul depreciation		(d) Bo	ok value
1a	Land						2,960	,445				2,960,445
b	Buildings		•				65,447	,572	36,65	4,257	2	8,793,315
c	Leasehold improvements						124	,411	10	8,205		16,206
d	Equipment						24,164	,136	20,52	5,629		3,638,507
	Other						56	,259	5	6,259		0
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B,), line	10(c).)				•		3	35,408,473
									Schedu	ıle D (Form 9	90) 2010

Part VIII Investments—Other Securities. See F	form 990, Part X, line 12	<u>2</u> .
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests (3)Other		
(A) ALTERNATIVE INVESTMENTS	7,526,807	F
(B) CLOBAL ASSET ALLOCATION	10.010.100	_
(B) GLOBAL ASSET ALLOCATION	19,919,190	F
(C) REAL ASSET FUNDS	16,665,576	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	44,111,573	
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin (a) Description		(b) Book value
(a) bescrip		(B) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)	
Part X Other Liabilities. See Form 990, Part X		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount	. , . , . , . , . , . , . , . , . , . ,
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount	

Total revenue (Form 990, Part VIII, column (A), line 12)

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	
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
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		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
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		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Paru 1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial	per i	teturn
1	statements	1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses]	
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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIV)	1	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
Part	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa : V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t tional information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Ident if ier	Return Reference	Explanation
Form 990, Schedule D, Part X, Line 2	FIN 48 (ASC 740) FOOTNOTE	Rotary International is a qualified not-for-profit organization exempt from income tax under section 501(c)(4) of the Internal Revenue Code ("IRC"), but is subject to U S tax on any unrelated business income The Foundation is a qualified not-for-profit organization exempt from income tax under section 501(c)(3) of the IRC, but is subject to U S tax on any unrelated business income Infotech is a private limited company registered in India and, as such, is a taxable corporation in India Under U S tax regulations, Infotech is treated as a partnership and all operations are included in Rotary's tax filings PPH files a corporation income tax return, but is not treated as an insurance company for federal income tax purposes as it is a captive insurance company Accordingly, premiums (from Rotary) and losses and loss adjustment expenses are excluded from the calculation of taxable income Rotary applied the uncertain tax position guidance, as required by U S GAAP, to all tax positions for which the statute of
		limitations would remain open and determined there were no material unrecognized tax liabilities or benefits. The tax years
		ended 2008, 2009, and 2010 are still open to audit for federal purposes. The tax years ended 2007, 2008, 2009, and 2010
		are still open to audit for state purposes

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DLN: 93493130011732

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

to Part I

c Totals (add lines 3a and 3b)

Employer identification number

	The organization				Employer ident	in leation number							
ota	ry International				36-1707667								
Pa	rt I General Informatio "Yes" to Form 990, Pa			he United States. C		ation answered							
L	For grantmakers. Does the assistance, the grantees' eligible the grants or assistance?	organization n gibility for the	naintain record grants or assi	stance, and the select	ion criteria used to awa								
!	For grant makers. Describe in Pa United States	he											
;	Activites per Region (Use Part V if additional space is needed)												
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region							
	Central America and the Caribbean	0	0	Investments		7,526,800							
	Europe (Including Iceland and Greenland)	1		Program Services	Membership Support	4,077,10:							
	East Asia and the Pacific	3	38	Program Services	Membership Support	1,549,46							
	South America	2	17	Program Services	Membership Support	616,66							
	South Asia	2	122	Program Services	Membership Support	450,46							
	-												
2-	Sub-total	8	210			14,220,50:							
	Total from continuation sheets		210			14,220,50							

210

14,220,501

Part	Part IV, lı	ne 15, for any		nizations or Entiti eived more than \$5,					
•	n) Name of ganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
-									
-									
-									
-									
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-									
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-									
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-									
2 E	nter total nun ax-exempt by	nber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are i e or counsel has pro	recognized as charit ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . •	
3 E	nter total nun	nber of other o	organizations or en	tities					· (Farma 000) 2010

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States.	Complete	ıf the organizatıon	answered '	'Yes" to Form 9	90, Part IV, line 1	١6.
	Use Part V if ad	ditional space is nee	eded.								

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV,
!	 	+			 		appraisal, other)
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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 (see instructions for Form 926)	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	┍	Νo
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)	굣	Yes	Г	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	<u> ~</u>	Νo
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)	[ন	Yes	Г	Νo
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 file Form 5713, International Boycott Report (see instructions for Form 5713)	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

Additional Data

Software ID:

Software Version:

EIN: 36-1707667

Name: Rotary International

Schedule F (Form 990) 2010

Page **5**

Part V Supplemental Information

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

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OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Name of the organization	Employer identifi	Employer identification number					
Rotary International	36-1707667						
Part I General Inform	nation on Grants	and Assistance				•	
 Does the organization mainstrain the selection criteria used Describe in Part IV the organization 	to award the grants o ganızatıon's procedure	r assistance? es for monitoring the use	e of grant funds in the l	Jnited States			√ Yes
Form 990, Part IV	V, line 21 for any re	Governments and ecipient that received ded	d more than \$5,000.	Check this box if n	o one recipient recei	ved more than \$5,0	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) The Rotary Foundation of Rotary International1560 Sherman Avenue Evanston, IL 602013698	36-3245072	501(c)(3)	373,658				PolioPlus Fund

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

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)A mount of cash grant	(d)A mount 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.

Ident if ier	Return Reference	Explanation
Form 990, Schedule I,	ORGANIZATION'S	Rotary International issued one grant in fiscal year ended 30 June 2011 to The Rotary Foundation of Rotary International
Part I, Line 2	PROCEDURES FOR	[501(c)(3)] Rotary International relies on the grant-monitoring procedures of The Rotary Foundation of Rotary International
	MONITORING GRANT FUNDS	for the PolioPlus Fund
	INTHEUS	

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DLN: 93493130011732

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

Compensation Information 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.

Open to Public Inspection

Rota	ary International		36-1707667			
Pa	rt I Questions Regarding Compensation		30-1707007			
	Laconomicação um garante				Yes	Νο
1a	Check the appropiate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III t					
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgonized reimbursement orprovision of all the expenses descri			1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive [2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee Independent compensation consultant Form 990 of other organizations		ly Written employment contract			
4	During the year, did any person listed in Form 990, Pa or a related organization	art V I	I, Section A, line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymeı	nt from the organization or a related organization?	4a		Νο
b	Participate in, or receive payment from, a supplement	al nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-bas	sed co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	vide tl	he applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of					
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νο
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in I in Part III		·	8		No
9	If "Yes" to line 8, did the organization also follow the	rebutt	table presumption procedure described in Regulations			

section 53 4958-6(c)?

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 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)(1)-(111) 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	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) John Kenny	(ı) (ıı)	103,436 0	0 0	0	0	10,407 0	113,843	
(2) Edwin H Futa	(ı) (ıı)	241,329 100,982	0	140 58	11,327 4,740	6,157 2,577		
(3) Peter J DeBerge	(ı) (ıı)	131,394 64,716	0	133 65	7,207 3,550	11,772 5,798		1
(4) Peter Markos	(ı) (ıı)	117,991 49,372	0	140 58	5,978 2,501	16,308 6,824	140,417 58,755	
(5) Kathleen Kessenich	(ı) (ıı)	119,850 45,460	0	625 237	8,162 3,096	10,500 3,983		1
(6) Theresa Nıssen	(ı) (ıı)	168,163 0	0	37 0 0	11,310 0	8,734 0	188,577 0	
(7) Shiro Oshima	(ı) (ıı)	59,637 110,755	0	0	0	0	,	
(8) Steven Routburg	(ı) (ıı)	108,828 54,823	0 0	132 66	6,536 3,293	9,296 4,683		
(9) Jeanette Hamilton	(ı) (ıı)	41,508 106,736	0	55 142		4,406 11,330		
(10) Chang Kyo Kım	(ı) (ıı)	64,235 81,754	0	0	0	2,322 2,955		
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

Ident if ier	Return Reference	Explanat ion
Form 990, Schedule J, Part I, Line 1	FIRST CLASS OR CHARTER TRAVEL	Uncompensated volunteer leaders conduct extensive international travel on behalf of the organization. Rotary International provides business-class airfare for 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. The general secretary is permitted to use first-class travel when business-class in not available.
/	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	For efficiency, residences near RI headquarters are provided for 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 traveling on behalf of the association. These expense reimbursements are taxable to the recipients
	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
Schedule J,	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	Rotary International does not compensate the President and President-Elects 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. The expense reimbursements are taxable to the recipients. It is the board policy to pay the presidents for the taxes associated with this income
Schedule J,	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

Schedule J (Form 990) 2010

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DLN: 93493130011732

OMB No 1545-0047

2010

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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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization
Rotary International

Employer identification number
36-1707667

ldentifier	Return Reference	Explanation
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 service goals, expand Rotary membership, and promote their activities to the media and general public.

ldentifier	Return Reference	Explanation
Form 990, Part V, Line 4b	NAME OF FOREIGN COUNTRY	Argentina Australia Bangladesh Brazil Canada Chile Colombia Denmark Egypt Germany India Japan Nigeria Norway Pakistan Peru Philippines Republic of South Korea South Africa Sri Lanka Sweden Switzerland Thailand United Kingdom Venezuela

ldentifier	Return Reference	Explanation
'	EXPRESS STATEMENT THAT SUCH CONTRIBUTIONS OR GIFTS WERE NOT TAX DEDUCTIBLE	Rotary International does not directly solicit contributions from the general public Instead, contributions are received from the Rotary International clubs - also Section 501(c)(4) entities As such, Rotary International does not directly provide an express statement

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	MEMBERS OR STOCKHOLDERS	The membership of Rotary International consists of Rotary clubs organized and operating in accordance with the RI constitution and bylaws

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, Line 7a	PERSONS WHO MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY	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.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	REVIEW OF FORM 990	Rotary International's Form 990 is prepared by an independent certified public accounting firm. A draft of the Form 990 is reviewed by the Controller 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.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	CONFLICT OF INTEREST POLICY	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 resolutions 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.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Lines 15a & 15b	DETERMINATION OF COMPENSATION	The process for determining compensation for the General Secretary and General Managers was last reviewed in fiscal year 2009. Ris 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.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	ORGANIZATIONAL DOCUMENTS AVAILABLE TO THE PUBLIC	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

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	Net unrealized gains on investments 15,165,518 Pension related changes 5,161,662 PPH activity 50,634 Infotech tax adjustments 37,224 Various book/tax reporting differences -16 Total 20,415,022

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Edw in H Futa TITLE General Secretary HOURS 12

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Peter J DeBerge TITLE CFO, General Manager HOURS 13

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Peter Markos TITLE CIO, General Manager HOURS 12

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Kathleen Kessenich TITLE Communication Serv GM HOURS 11

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Shiro Oshima TITLE Mgr Japan International Office HOURS 26

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Steven Routburg TITLE Mgr Legal Services & Gen Couns HOURS 13

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Jeanette Hamilton TITLE Investments & Treasury Manager HOURS 29

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Chang Kyo Kım TITLE Mgr Korea International office HOURS 22

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Frank Pezzımentı TITLE Mgr Australia Internti Office HOURS 23

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OMB No 1545-0047 2010

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Employer identification number

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. See separate instructions.

Rotary International				36-1707667			
Part I Identification of Disregarded Entities (Com	plete ıf the organızatı	on answered "Yes	" on Form 990, Pa	•			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (stat or foreign country)	(d) te Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	nizations (Complete the tax year.)	ıf the organizatioi	n answered "Yes"	on Form 990, Part	: IV, line 34 becaus	se it had	one
(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	organı	12(b)(13 rolled ızatıon
(1) The Rotary Fdn of Rotary International					+	Yes	No
1560 Sherman Avenue	Charitable	IL	501(c)(3)	Line 7	Rotary Int'l		
Evanston, IL 602013698 36-3245072	Спапсавіс	IL.	301(0)(3)	Line /			
						1	
For Privacy Act and Panerwork Reduction Act Notice see the Instruc	tions for Form 990	Cat No. 5	<u> </u> 0.1.3.5.Y		Schedule R (Form 990)	2010

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)		(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 Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging	(k) Percentage ownership
Evanston, IL602013698 36-4401367	Investment	IL	Rotary Fdn	excluded	1,590,857	14,782,389		No	0	Yes	No	9 481 %
(2) Equity General Partnership II of Rotary 1560 Sherman Ave Evanston, IL602013698 36-4401359	Investment	IL	Rotary Fdn	excluded	3,352,672	28,599,267		No	0	Yes		16 310 %
(3) Intl Equity Gen Partnership II of Rotary 1560 Sherman Ave Evanston, IL602013698 36-4401363	Investment	IL	Rotary Fdn	excluded	-3,726,711	23,277,122		No	0	Yes		15 853 %
(4) Rotary International Infotech Pvt Ltd 6th Floor Marisoft III Building E Pune, Maharashtra 411014 IN 98-1050532	Info Services	IN	NA	related	-68,974	624,735		No	0	Yes		99 990 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

			•	3	, ,		
(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
(1) PPH National Insurance Co 76 St Paul Street Suite 500 Burlington, VT05401 03-0370108	CapitiveInsurance	VT	NA	C-corp	50,634	5,194,287	100 000 %

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

nedule R (Form 990) 2010									
Part V Transactions With Related Organizations (Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35	۰, or 36.)								
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No						
During the tax year, did the orgranization 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	1a		No						
b Gift, grant, or capital contribution to other organization(s)	1b	Yes							
c Gift, grant, or capital contribution from other organization(s)	1c		No						
d Loans or loan guarantees to or for other organization(s)	1d		No						
e Loans or loan guarantees by other organization(s)	1e		No						
f Sale of assets to other organization(s)	1f		No						
g Purchase of assets from other organization(s)	1g		No						
h Exchange of assets	1h		No						
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No						
Lease of identities, equipment, of other assets to other organization(s)									
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No						
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes							
I Performance of services or membership or fundraising solicitations by other organization(s)	11		No						
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes							
n Sharing of paid employees	1n	Yes							
• Reimbursement paid to other organization for expenses	10	Yes							
p Reimbursement paid by other organization for expenses	1 p	Yes							
q O ther transfer of cash or property to other organization(s)	1 q	Yes							
r Other transfer of cash or property from other organization(s)	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 (b)

(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
b	373,658	
m	932,036	
n	24,862,268	
р	15,128,896	
n	125,671	
q	516,490	
	Transaction type(a-r) b m n	Transaction type(a-r) Amount involved b 373,658 m 932,036 n 24,862,268 p 15,128,896 n 125,671

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 parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		rtionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No	
			-								
										+	
										+	
			1							1	
										+	
						_				+	
										+	
										T	
										+	
			+			-	+ +			+	
			1							\dagger	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Ident if ier	Return Reference	Explanation

Schedule R (Form 990) 2010

Software ID: Software Version:

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) A mount Involved (\$)	(d) Method of determining amount involved
(1)	The Rotary Fdn of Rotary International	b	373,658	
(2)	The Rotary Fdn of Rotary International	m	932,036	
(3)	The Rotary Fdn of Rotary International	n	24,862,268	
(4)	The Rotary Fdn of Rotary International	р	15,128,896	
(5)	PPH National Insurance Co	n	125,671	
(6)	PPH National Insurance Co	q	516,490	

Software ID: Software Version:

EIN: 36-1707667

Name: Rotary International

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	Posi t	(C tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Ray Klinginsmith President	40 0	Х		х				57,266	0	10,407
Kalyan Banerjee President Elect	40 0	Х		х				0	0	10,407
Thomas M Thorfinnson Vice President	15 0	Х		х				0	0	0
K R Ravındran Treasurer	15 0	Х		х				0	0	0
Noel A Bajat Director	15 0	Х						0	0	0
John T Blount Director	15 0	Х						0	0	0
Elio Cerini Director	15 0	Х						0	0	0
Kenneth W Grabeau Dırector	15 0	Х						0	0	0
Frederick W Hahn Jr Director	15 0	Х						0	0	0
Antonio Hallage Director	15 0	Х						0	0	0
Stuart B Heal Director	15 0	Х						0	0	0
Masaomi Kondo Director	15 0	Х						0	0	0
Masahıro Kuroda Dırector	15 0	Х						0	0	0
Kyu-Hang Lee Director	15 0	Х						0	0	0
David C J Liddiatt Director	15 0	Х						0	0	0
Barry Matheson Director	15 0	Х						0	0	0
Samuel F O worı Dırector	15 0	Х						0	0	0
Ekkehart Pandel Director	15 0	Х						0	0	0
John Smarge Director	15 0	Х						0	0	0
Edwin H Futa General Secretary	28 0			х				241,469	101,040	24,801
Peter J DeBerge CFO, General Manager	27 0			Х				131,527	64,781	28,327
Peter Markos CIO, General Manager	28 0				х			118,131	49,430	31,611
Kathleen Kessenich Communication Serv GM	29 0				х			120,475	45,697	25,741
Theresa Nissen Membership Services G M	40 0				х			168,533	0	20,044
Shiro Oshima Mgr Japan International Office	14 0					х		59,637	110,755	0

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

(A) Name and Title	(B) A verage hours	I	tion (that a	(che)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	II —	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Steven Routburg Mgr Legal Services & Gen Couns	27 0					Х		108,960	54,889	23,808
Jeanette Hamilton Investments & Treasury Manager	11 0					Х		41,563	106,878	23,786
Chang Kyo Kım Mgr Korea International office	18 0					х		64,235	81,754	5,277
Frank Pezzimenti Mgr Australia Interntl Office	17 0					х		58,570	77,640	12,091
John Kenny Past President	40 0						х	103,436	0	10,407