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Form **990**

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Return of Organization Exempt From Income Tax

nterna	al Reve	enue Servic	ce						Inspection
\ Fo	or the	2015 ca	lendar year, or tax year	beginning 07-01-2015 , and endi	ing 06-30-2016	6			
Che	eck ıf a	pplicable	C Name of organization Rotary International				D Empl	oyer id	entification number
Ad	ldress o	change	•				36-1	7076	67
∏ Nā	ame ch	iange	% BERNADETTE KNIGHT Doing business as						
_	ıtıal ret	urn							
Fır eturn/	nal 'termin	ated		O box if mail is not delivered to street add	lress) Room/suit	te	E Teleph	none nu	mber
		return	1560 Sherman Avenue				(847) 866-	-3000
App	olicatio	n pending	City or town, state or pro Evanston, IL 602013698	vince, country, and ZIP or foreign postal co	ode				
			Evansion, IC 002013098				G Gross	receipt	s \$ 182,402,209
			F Name and address	of principal officer		H(a) Is th	- ıs a grou	p retui	n for
			John P Hewko 1560 Sherman Avenu	e			rdinates 7	•	☐ Yes 🗸
			Evanston,IL 602013	8698		No H(b) Are a	all suborc	linates	5
Tax	k-exen	npt status	「501(c)(3) ▼ 501(c) (4) 4 (insert no)	or	inclu	ded?		l les l Mo
W	ebsite	e: ► www	w rotary org				•		t (see instructions)
									umber ▶ 0573
Forn	n of or	ganızatıon	✓ Corporation Trust	Association Other ►		L Year of fo	rmation 1	911	M State of legal domicile IL
Pa	rt I	Sum	mary						
	1			s mission or most significant activi	ties				
	R	otary Int	ernational (RI) is a worl	ldwide association of Rotary Clubs		service to ot	hers, pro	mote ı	ntegrity, and advance
υ	<u>w</u>	orld unde	erstanding, goodwill, and	d peace					
<u> </u>	_								
<u> </u>	_								
GOVERNABLE	2 (Check th	is box ▶ ┌ if the organi	zation discontinued its operations	or disposed o	f more than :	25% of it	s net	assets
	١.,	VI	- 6 . 6 . 6 .					١.,	1
ACHYINES &			_	e governing body (Part VI, line 1a)			3	19	
			· -	embers of the governing body (Parl			5	17	
-			·	oyed in calendar year 2015 (Part \ mate if necessary)			6	326	
•				e from Part VIII, column (C), line 1				7a	1,215,267
				come from Form 990-T, line 34.				7a 7b	-135,83
	.			.,			or Year	1	Current Year
	8	Contri	butions and grants (Par	t VIII, line 1h)			65,616	.266	70,684,076
₫	9		= '	t VIII, line 2g)		13,417		21,969,248	
en ua ve	10	_	·	I, column (A), lines 3, 4, and 7d)		8,815		2,967,032	
æ	11		,	umn (A), lines 5, 6d, 8c, 9c, 10c, a			1,335	,036	2,522,560
	12			rough 11 (must equal Part VIII, co			89,184	783	98,142,916
		12)					05,101	,, 03	50,112,510
	13		·	aid (Part IX, column (A), lines 1–3	•		318	,920	290,40
	14		•	rs (Part IX, column (A), line 4) .				0	(
se.	15	Saları 5–10)		, employee benefits (Part IX, colum	ın (A), lines		31,705	,551	34,335,79
us(16a	,		(Part IX, column (A), line 11e) .				0	(
Expenses	ь		ndraising expenses (Part IX,						
ω	17			ımn (A), lines 11a-11d, 11f-24e)	 .		54,279	,912	59,739,602
	18		, ,	– 17 (must equal Part IX, column (86,304		94,365,79
	19	Reven	ue less expenses Subt	ract line 18 from line 12			2,880	,400	3,777,119
5 %						Beginning	of Current	Year	End of Year
a Se									
Net Assets of Fund Balances	20						161,553		159,664,983
	21		•	6)		•	33,041		33,082,823
	22 1111		ature Block	Subtract line 21 from line 20 .	<u> </u>		128,512	,014	126,582,158
				have examined this return, includii	ng accompany	/ına schedulı	es and st	ateme	nts, and to the best of
ny kr	nowled	dge and i	belief, it is true, correct,	, and complete Declaration of prep					
repa	rer ha	as any kr	nowledge						
		****	* *			2	017-04-06		
Sign		Signa	ature of officer				ate		
lere			CARLSON cfo						
		Туре	or print name and title						
			rınt/Type preparer's name 1ıchelle L Weber	Preparer's signature Michelle L Weber	Da	ate Che	eck [if	PTIN P005	56798
Paic		-					-employed	1.505	
	pare	;r ₋	irm's name ► GRANT THO				n's EIN ► one no (31	2) 856	0200
Jse	On	ly ∣ˈ					110 (31	_, 030-	5250
		- 1	CHICAGO, IL	. 00001		- 1			

. ✓Yes No

orm	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-197$. If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🐿	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	•
	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	
	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	11 c		No
	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	11 d		No
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? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	1 990 (2015)			Page 4		
Pai	Part IV Checklist of Required Schedules (continued)					
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 through 24d and complete Schedule K If "No," go to line 25a	24a		No		

24b

24c

24d

25a

25h

26

27

28a

28b

28c

29

30

31

32

33

34

352

35b

36

37

38

Yes

Yes

Yes

Yes

Form 990 (2015)

Νo

Nο

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Νo

Νo

Nο

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

31

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance		\			
		Check if Schedule O contains a response or note to any line in this	Part	<u>V</u>	• •	· ·	. ✓ No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	206		103	140
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c		ne organization comply with backup withholding rules for reportable payments to	vend	dors and reportable		.,	
٠.	_	ng (gambling) winnings to prize winners?	•		1c	Yes	
za	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and statements, filed for the calendar year ending with or within the year covered s return	2a	326			
b		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	g the	year [?]	3a	Yes	
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation			3b	Yes	
4a	over,	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc int)?			4a	Yes	
b	If "Ye: See in (FBAR	es," enter the name of the foreign country nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	and	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	nelter transaction?	5b		Νo
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
6 a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			5c 6a	Yes	
b	If"Ye	reaction solicit any contributions that were not tax deductible as charitable contribution strictly solicitation an express statement the not tax deductible?			6b	Yes	
7		nizations that may receive deductible contributions under section 170(c).	•				
а		ne organization receive a payment in excess of \$75 made partly as a contributices provided to the payor?		d partly for goods and	7a		
b	If"Ye	s," did the organization notify the donor of the value of the goods or services p	rovide	ed?	7b		
	file Fo	ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	•	which it was required to	7 c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	nal benefit contract?	7e		
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7 f		
g	If the require	organization received a contribution of qualified intellectual property, did the o	rganız • •	zation file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, dıd •	the organization file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess built the year?	sınes:	s holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966			9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson ⁷	9b		
10	Section	on 501(c)(7) organizations. Enter		1			
		tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Section	on 501(c)(12) organizations. Enter					
а	Gross	s income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	eu of Form 1041?	12 a		
b	If "Ye: year	es," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		e organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	See the instructions for	13 a		
	in whi	the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
С	Enter	the amount of reserves on hand	13 c				
		ne organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion ir	Schedule O	14b		

Form 990 (2015) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

<u> </u>	ction 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	1a	19			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management col			3		No
4	Did the organization make any significant changes to its governing documents since filed?			4		No
5	Did the organization become aware during the year of a significant diversion of the oil	raania	vation's assets?	5		No
_	Did the organization become aware during the year of a significant diversion of the organization have members or stockholders?	rgamiz	acion's assets.	6	Yes	110
6 7-	•			_	165	
	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?		· · · · · · · · · · · · · · · · · · ·	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following ${\sf Simp}$	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ction B. Policies (This Section B requests information about policies not	requi	ired by the Internal R	evenu	ie Cod	e.)
					Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization			10b	Yes	
1a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	ts gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13.			12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual	ly inte	erests that could give			
_	rise to conflicts?		values 2 If "Vee " describe	12b	Yes	
	ın Schedule O how this was done		· · ·	12c	Yes	
_	Did the organization have a written whistleblower policy?			13	Yes	
4	Did the organization have a written document retention and destruction policy? .			14	Yes	
5	Did the process for determining compensation of the following persons include a revi independent persons, comparability data, and contemporaneous substantiation of th					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization \ldots . \ldots . \ldots .			15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	orsım	nılar arrangement with a	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organi					
	participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?			16b		
Se	organization's exempt status with respect to such arrangements?			16 b		
				16 b		

- 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 made these available. Check all that apply
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ▶BERNADETTE KNIGHT 1560 SHERMAN AVENUE Evanston, IL 602013698 (847) 866-3000

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the organization and	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organizat relat organiza	ed
See Additional Data Table											
to tal (add lines 1b and 1c) Sub-Total from continuation she description and 1c)				•		*		1,760,022	1,334,336		364,891
2 Total number of individuals (\$100,000 of reportable com						d abov	e) wl	ho received more th	nan		
										Yes	No

			Yes	No			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual						
	on the far it res, complete schedule from such mulvidual	3	Yes				
4	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? If "Yes," complete Schedule I for such						
	individual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for						
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		No			

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Empresa Brasileira De Comunicacao, RUA JOAO ROMALHO 1046 - PERDIZES, SAO PAULO BR	Stage equipment	2,011,966
Kims Travel Services Co Ltd, 5F YUILD B/D 411-4 GOGOG-DONG, SEOUL 135-270 KS	Travel service	1,018,499
New Resources Consulting LLC, 1000 N Water St Suite 950 MILWAUKEE, WI 53202	IT consulting	597,594
Avant Grup Bardet SLU, I-08830 SANT BIO DE LLOBREGAT BARCELONA, 0 SP	Transportation	585,346
Conference Systems Inc PSAV, 12910 Cloverleaf Center Drive Ste GERMANTOWN, MD 20847	Visual/Electronics	579,845

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 47

Form 99	0 (20	15)						Page 9
Part V	/++:	Statement o						_
		Check if Schedi	ule O contains a respon:	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ω <u>ν</u>	1a	Federated cam	paigns 1a					
Grants	b	Membership du	es 1b	70,684,076				
GE	С	Fundraising eve	ents 1c					
ifts. ar A	d	d Related organizations 1d e Government grants (contributions)						
E E	e							
ons Si	f	All other contribution	ons, gifts, grants, and 1f					
Contributions, Gifts, Grants and Other Similar Amounts	_	sımılar amounts no	ot included above					
	g	Noncash contribution 1a-1f \$	ons included in lines					
Containe	h	Total. Add lines	s 1a-1f	· · ·	70,684,076			
<u>ı</u>				Business Code				
H-N-	2a	INTERNATIONAL C	ONVENTION	900099	15,178,464	15,178,464		
å	b	MAGAZINE		541800	6,201,942	5,925,493	276,449	
Program Service Revenue	C	MEETING REVENUE		900099	246,545	246,545		
	d e	OPEN WORLD LEAD	DERSHIP PROGRAM	900099	183,002	183,002		
ram	f		am service revenue	900099	159,295	159,295		
₽o₽								
	g 3		s 2a-2f ome (including dividend		21,969,248			
		and other similar		s, interest,	1,526,330		66	1,526,264
	4		stment of tax-exempt bond p	· · · · · · · · · · · · · · · · · · ·	1,162,773			1,162,773
	5	Royalties	(ı) Real	► (II) Personal	1,102,773			1,102,773
	6a	Gross rents	5,226,147	(ii) i cisoliai				
	h	Less rental	4,365,789					
		expenses Rental income	860,358	0				
	ر ا	or (loss)			860,358		239,102	621,256
	d	Net rental inco	me or (loss) (I) Securities	(II) O ther	000,530		239,102	021,230
	7a	Gross amount from sales of assets other than inventory	66,559,140	14,007,962				
	ь	Less cost or other basis and	64,237,006	14,889,394				
		sales expenses	2,322,134	-881,432				
	c d	Gain or (loss) Net gain or (los			1,440,702			1,440,702
Other Revenue		Gross income f events (not inc	rom fundraising luding reported on line 1c)	,				
Jer			а					
Õ	C		penses b [loss) from fundraising e	vents	0			
		Gross income f	rom gaming activities ne 19					
	ь	Less directex	penses b					
			loss) from gaming activ	ities	0			
	10a	Gross sales of	inventory less	•				
		returns and allo						
			a	539,820				
	b c	_	oods sold . . b _ (loss) from sales of inve	767,104	-227,283	-227,283		
		Miscellaneous		Business Code		,		
	11a	INSURANCE -		524298	1,432,319			1,432,319
	ь	SERVICE INC	OME	900099	231,929	231,929		
	С	CURRENCY EX	CHANGE LOSS	900099	-1,100,117			-1,100,117
	d	All other reven	L		162,581	162,581		
	е	Total. Add lines	s 11a-11d	•	726,712			
	12	Total revenue.	See Instructions	•	98,142,916	21,860,026	515,617	5,083,197

Part IX Statement of Functional Expenses

ar

	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 domestic organizations and				
	domestic governments See Part IV, line 21	290,401	290,401		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign				
	governments, and foreign individuals 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	1,368,910	1,122,506	246,404	
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	24,720,598	20,347,081	4,373,517	
8	Pension plan accruals and contributions (include section 401(k)	21,720,000	20/011/002	1,010,021	
	and 403(b) employer contributions)	2,889,090	2,381,305	507,785	
9	Other employee benefits	3,399,141	2,765,940	633,201	
10	Payroll taxes	1,958,055	1,615,455	342,600	
11	Fees for services (non-employees)	1,930,033	1,013,433	342,000	
a	Management	1,893,283	1,570,026	323,257	
b	Legal	415,807	345,120	70,687	
c	Accounting	116,166	96,418	19,748	
d	Lobbying	0	20,120	22,7 13	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	186,869		186,869	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,836,876	2,363,939	472,937	
12	Advertising and promotion	1,670,148	1,394,941	275,207	
13	Office expenses	2,529,282	2,005,317	523,965	
14	Information technology	3,496,464	977,355	2,519,109	
15	Royalties	0			
16	Occupancy	2,861,735	2,371,167	490,568	
17	Travel	14,969,265	11,173,760	3,795,505	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	9,854,235	8,142,287	1,711,948	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,310,690	2,747,873	562,817	
23	Insurance	1,926,181	1,606,208	319,973	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DISTRICT GOVERNORS	9,123,789	9,123,789		
b	ROTARIAN MAGAZINE	3,297,353	2,736,803	560,550	
c	EQUIPMENT RENT & MAINTENANCE	756,670	608,211	148,459	
d	COST OF CONSUMABLES	181,943	151,013	30,930	
e	All other expenses	312,846	291,382	21,464	
25	Total functional expenses. Add lines 1 through 24e	94,365,797	76,228,297	18,137,500	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

(B)

End of year

4,416,834

36,450,943

7,288,421

445,398

445,725

5,045,184

35,470,676

37,233,824

30,217,743

1,392,596

1,257,637

159,664,981

24,888,726

8,194,097

0

0

0

0

33,082,823

126,582,158

126,582,158

159,664,981 Form 990 (2015)

0

0

(A)

Beginning of year

14,983,679

19.884.746

6,636,809

418.295

214,478

4,141,665

36,729,648

38, 188, 117

37,839,142

1,289,925

1,226,950

161,553,454

29,177,668

3,863,772

116 676 157

81,205,481

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33,041,440

128.512.014

128,512,014

161,553,454

Part X	Balance She
	Check if Schedu

Form 990 (2015)

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Net Assets or Fund Balances

lle O contains a response or note to any line in this Part X $\,\cdot\,\,$. $\,\cdot\,\,$. $\,$. $\,$. $\,$. $\,$.

10a

10b

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Part X	Bal	an	ce	Sh	ıe	e	t

Part X	Bal	an	ce	SI	1e	е

Part X	Balance	Sheet
I GIV A	Dalance	011000

Cash-non-interest-bearing

Savings and temporary cash investments

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities.Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Pledges and grants receivable, net

Accounts receivable, net . .

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Inventories for sale or use

Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Less accumulated depreciation .

Part X	Balance	Sheet

Check if Schedule O contains a respo

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1

Other changes in net assets or fund balances (explain in Schedule O) .

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

Net unrealized gains (losses) on investments

1

98,142,916

2 3

7

8

9

10

94,365,797 3,777,119 128,512,014

Page 12

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 5 6

-5,652,725

-54	,250
126,582	,158

Yes

Yes

Yes

2a

2b

2c

3a

3b

No

Νo

Nο

Form 990 (2015)

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) A verage hours per week (list any hours for related organizations below dotted line)	more pers	person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations					
KR Ravındran President	40 0	х		х				9,062	0	11,072		
John F Germ President Elect	40 0	x		х				8,438	0	5,630		
Greg E Podd Vice President	20 0	x		х				0	0	(
Per Hoyen Treasurer	20 0	×		x				0	0	(
Safak Alpay Director	20 0	×						0	0	(
Manoj D Desai Director	20 0	x						0	0	(
Robert L Hall Director	20 0	х						0	0	(
Bradford R Howard Director	20 0	х						0	0	(
Jennifer E Jones Director	20 0	×						0	0	(
Hsiu-Ming Lin Director	20 0	×						0	0	(

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former		MISC)	organization and related organizations
Peter L Offer	20 0									
Director	0 0	Х						0	0	0
Julia D Phelps	20 0	.,								
Director	0 0	X						0	0	0
Saowalak Rattanavich Director	20 0	х						0	0	0
Eduardo San Martin Carreno Director	20 0	х						0	0	0
Takanori Sugitani Director	20 0	x						0	0	0
Guiller E Tumangan Director	20 0	х						0	0	0
Jose Ubiracy Silva	20 0							_		

0 0 20 0

0 0 26 0

14 0

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Χ

297,406

167,291

36,631

Director

Director

Director

John Hewko

General Secretary

Giuseppe Viale

Karen K Wentz

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

22,912

28,556

6,719

12,764

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related	
	dotted line)	Individual trustee or director	Institutional Trustee	Officer	y employee	Highest compensated employee	Former			organizations	
Lori Carlson Chief Financial Officer	20 0			×				124,195	119,324	8,387	
Peter Markos CHief Information Officer	23 0				х			139,820	105,479	34,167	
John Osterlund Chief Dev Officer Thru 5/16	1 0 39 0				х			6,159	199,152	28,728	
Michele Berg Chief Prog/Mem, deputy gen sec	31 0 9 0				х			178,639	53,359	25,944	
Joe Brownlee Chief Strat Officer Thru 6/16	20 0				x			103,566	99,505	33,475	
Steven Routburg General Counsel	31 0 9 0				x			155,378	43,824	24,031	
					1						

120

28 0 36 0

40 19 0

13 0

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Χ

Χ

59,699

175,582

86,453

109,640

132,878

21,702

93,657

54,001

Jeanette Hamilton

David Alexander

Chang Kyu Kım

Andrew McDonald

Office Manager, Korea

Deputy General Counsel

.....

Dir of Inv & Treas Thru 2/16

Chief Communications Officer

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

(A) (B) (C) (D) (E)

Name and Title	hours per week (list any hours for related organizations below dotted line) hours per week (list any hours for related organizations below dotted line) more than one box, unless person is both officer and a director/trustee) Officer and a director/trustee) Institutional Trustee		a Forme	Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations			
			T.		a 60				
Mitchell Germaine Director of Π	23 0				х		87,297	65,857	23,614
David Stumpf	19 0				х		69,708	78,607	25,779
Controller	21 0						·	·	·
Mark Lowry Director, Operations & Admin	23 0				x		82,855	62,504	27,668

66,125

37,196

8.814

0.0

0.0

Peter DeBerge

Former Officer Thru 6/14

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SCHEDULE D (Form 990)

Department of the

Internal Revenue Service

Name of the organization

Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493100010017

Employer identification number

Inspection

Rot	ary International			36-1	707667		
Рa	rt I Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Ot	her Similar Fu				
	Complete if the organization unower	(a) Donor advised funds	410 11 / IIII 0 01	(b)	Funds and other	account	
_	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
Ļ	Aggregate value at end of year						
5	Did the organization inform all donors and donor a funds are the organization's property, subject to	_		or advis	ed	Yes	□ No
•	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				purpose	┌ Yes	∏ No
Pa	rt III Conservation Easements. Comple	ete if the organization an	swered "Yes" o	n Form	n 990, Part IV	, lıne 7.	
_	Purpose(s) of conservation easements held by th	e organization (check all tha	at apply)				
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $		Preservation of ar	histor	cally important	land are	a
	Protection of natural habitat	Г	Preservation of a	certifie	d historic struct	ure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation	n contribution in t	ne form	of a conservati	on	
					Held at the	nd of th	e Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easeme			2b			
c	Number of conservation easements on a certified			2 c			
d	Number of conservation easements included in (only historic structure listed in the National Register	c) acquired after 8/17/06, ai	nd not on a	2d			
3	Number of conservation easements modified, tra	nsferred, released, extinguis	hed, or terminate	d by the	e organization d	uring the	
	tax year ►						
ŀ	Number of states where property subject to cons	ervation easement is locate	d ▶				
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	· · · · · · · · · · · · · · · · · · ·	, inspection, hand	ling of	⊤ Υe:	s ['	No
•	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of viola	tions, and enforci	ng cons	ervation easem	ents duri	ng the
	>						
,	A mount of expenses incurred in monitoring, insperior \$	ecting, handling of violations	, and enforcing co	nserva	tion easements	during th	ne year
3	Does each conservation easement reported on Ii (B)(I) and section $170(h)(4)(B)(II)^2$	ne 2(d) above satisfy the red	quirements of sec	tion 17	0 (h)(4)	s	No
)	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organ			· ·		

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	dule D (FOIIII 990) 2013										Page Z
Par	Organizations Maintaining (continued)	Collections of	Art, His	storic	al T	reasures,	or Ot	her Similar	Ass	ets	
3	Using the organization's acquisition, acc collection items (check all that apply)	ession, and other re	cords, cl	heck ar	y of	the following	that ar	e a significant	usec	fits	
а	Public exhibition		d	Г	Loar	n or exchange	progra	ams			
b	Scholarly research		е	Г	Oth	er					
c	Preservation for future generations										
4	Provide a description of the organization Part XIII	's collections and ex	kplain ho	w they	furth	er the organiz	zation's	exempt purpo	se in		
5	During the year, did the organization soli assets to be sold to raise funds rather th								Yes	□ No	
Pa	t IV Escrow and Custodial Arra		as pare	01 1110 0	· gan	izacioni si conc	2001011		1 63	1100	<u>, </u>
	Complete if the organization a Part X, line 21.		n Form	990, F	art	IV, line 9, o	r repo	orted an amo	unt d	n Forr	n 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other inte	rmediary	/ for coi	ntribi	utions or othe	erasse		Yes	┌ No	•
b	If "Yes," explain the arrangement in P	art XIII and comple	te the fo	llowina	table	2			Mou	nt	
c	Beginning balance	and 00p.0				-	1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2 a	Did the organization include an amount of	n Form 990, Part X,	line 21,	for esc	row	or custodial a	ccount	t liability?	Yes	┌ No	•
b	If "Yes," explain the arrangement in Part	XIII Check here if	the eynl	anation	has	heen provide	ad in Pa	art XIII			П
Pa	rt V Endowment Funds. Comple									· · ·	
	·	(a)Current year	1	nor year				d) Three years bac		e)Four ye	ars back
1 a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships				_						
е	Other expenditures for facilities and programs										
f	Administrative expenses				1						
g	End of year balance										
2	Provide the estimated percentage of the	current year end ba	lance (lır	ne 1a, c	olun	nn (a)) held as					
а	Board designated or quasi-endowment ▶	•				(,,	_				
b	Permanent endowment ►										
c	Temporarily restricted endowment ▶										
	The percentages on lines 2a, 2b, and 2c	·						6 1			
3a	Are there endowment funds not in the po organization by	ssession of the orga	inization	tnat ar	e nei	a and adminis	sterea	for the		Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii))	<u> </u>
ь	If "Yes" on 3a(II), are the related organiz								3b		
4	t VI Land, Buildings, and Equip	-	endown	ient fun	as						
FO	Complete if the organization a		Form 9	90, Pa	rt I	V, line 11a.9	See Fo	orm 990, Par	t X,∣	ine 10	•
	Description of property		Co	(a) ost or oth (investn	er ba	sis Cost or oth	er basıs	Accumulate (c) depreciation		(d) Boo	k value
1a	Land				-,		230,725	5	\dashv		2,230,725
b	Buildings										_
							.247,244			2	5,984,258
	Leasehold improvements		· _				236,707		,707		
	Equipment		· _			38,	905,222	31,649	,529		7,255,693
е	Other 						56,259	56	,259		
Tota	I. Add lines 1a through 1e (Column (d) mus	st equal Form 990, Pa	nrt X, colu	mn (B),	line	10(c))	•	▶	-	3	5,470,676
	,					·			ıle D (90) 2015

See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (1)Financial derivatives (2)Closely-held equity interests (3)Other	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests (3)O ther		·
(3)O ther	l l	
(A) GLOBAL ASSET ALLOCATION	14 030 443	F
(A) GLOBAL ASSET ALLOCATION (B) ALTERNATIVE INVESTMENTS	14,939,442	
(B) ALTERNATIVE INVESTMENTS	8,858,327	<u>г</u> F
(C) REAL ASSET FUNDS	6,419,974	Г
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 30,217,743	
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, line 11c. _{See}	Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered '	'Yes' on Form 990, Part IV, line 11	d See Form 990, Part X, line 15
(a) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		•
Part X Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.	nswered 'Yes' on Form 990, Pa	art IV, line 11e or 11f.
	ok value	
Federal income taxes	0	
I	1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of	0	

		nue per Audited Financial Stat		per F	Page 4 Return
	·	tion answered 'Yes' on Form 990, P	·	1	T
1	• • • •	pport per audited financial statements		1	
2	Amounts included on line 1 but no	, , , , , , , , , , , , , , , , , , ,	1		
а	Net unrealized gains (losses) on ii		2a	1	
b	Donated services and use of facili	ties	2b	1	
c	Recoveries of prior year grants .		2c	1	
d	Other (Describe in Part XIII) .		2d	_	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, P	art VIII, line 12, but not on line 1			
а	Investment expenses not included	d on Form 990, Part VIII, line 7b .	4a]	
b	Other (Describe in Part XIII) .		4b]	
c	Add lines 4a and 4b			4c	
5		(This must equal Form 990, Part I, line		5	
Part		nses per Audited Financial Sta	•	s pei	Return.
	•	tion answered 'Yes' on Form 990, F	•	Τ.,	Т
1	Total expenses and losses per au			1	
2	A mounts included on line 1 but no	· · · · · ·	1 - 1		
a	Donated services and use of facili		2a	-	
b	Prior year adjustments		2b	_	
C .	Other losses		2c	-	
d	·		2d	_	
е				2e	
3				3	
4	A mounts included on Form 990, P	,	1 1		
а	· ·	d on Form 990, Part VIII, line 7b	4a	_	
b			4b	_	
C				4c	
5	Total expenses Add lines 3 and 4	c. (This must equal Form 990, Part I, lin	e 18)	5	
Pari	XIII Supplemental Inform	nation			
Part		t II, lines 3, 5, and 9, Part III, lines 1a es 2d and 4b, and Part XII, lines 2d and			ide any additional
	Return Reference	Explanation			<u> </u>
Form '	det pro as coi pui los	N 48 (ASC 740) Footnote Rotary Internatermination letter from the IRS stating the visions of Sections 501(c)(4) and 501(amended, except for income taxes pertarporation income tax return, but is not troposes as it is a captive insurance comps adjustment expenses are excluded from income tax as of 30 June 2016 and 20;	nat each is exempt from feder c)(3), respectively, of the Int aining to unrelated business ii eated as an insurance compa any Accordingly, premiums (im the calculation of taxable i	al Inco ernal F ncome ny for (from F ncome	ome taxes under the Revenue Code of 1986, PPH files a federal income tax Rotary) and losses and There was no liability

India and, as such, is a taxable corporation in India Under US tax regulations, Infotech is treated as a foreign partnership and all operations are included in Rotary's U S tax filings. The Financial Accounting Standards Board (FASB) issued guidance that requires tax effects from uncertain positions to be recognized in the consolidated financial statements only if the position is more likely than not to be sustained if the position were to be challenged by a taxing authority. Management has determined there are no material uncertain positions that require recognition in the consolidated financial statements Additionally, no provision for income taxes is reflected in the consolidated

Schedule D (Form 990) 2015		Page 5								
Part XIII Supplemental Information (continued)										
Return Reference	Explanation									
		_								

efile GRAPHIC print - DO NO	T PROCESS	As Filed Da	ta -	DLN:	93493100010017
SCHEDULE F (Form 990)	tement of	Activities (Outside the Unit	ed States	OMB No 1545-0047
Department of the Treasury		if the organizatio Part IV, line : ► Attach t ile F (Form 990) a	990, ww.irs.gov/form990.	2015 Open to Public Inspection	
Name of the organization Rotary International				Employer iden 36-1707667	tification number
Part I General Information Complete if the organic				I	
1 For grantmakers. Does the and other assistance, the gused to award the grants or	organızatıon m rantees' elıgıbıl	naıntaın record	s to substantiate the	amount of its grants	├ Yes ├ No
2 For grantmakers. Describe assistance outside the Unite3 Activites per Region (The follows)	ed States				nts and other
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
(1) See Add'l Data		region	region)		
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I	8				17,908,278
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, se	e the Instructions		Cat	No 50082W Sche c	17,908,278 iule F (Form 990) 2015

Schedule F (Form 990) 2015

	and EIN (if applicable)	5	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

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

Page 2

Schedule F (Form 990) 2015

	duplicated if addit			ed States. Complete	ir the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(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)
(1)							
(2)							
(3)							
(4)							

(5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)
 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)

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, do not file with Form 990)

✓ Yes No

IJ No

Additional Data

Software ID: Software Version:

EIN: 36-1707667

Name: Rotary International

Schedule F (Form 990) 2015

Page 5

Supplemental Information

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

Form 990 Schedule F Part I - Activities Outside The United States												
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region							
Central America and the Caribbean			Investments		7,581,182							
Europe (Including Iceland and Greenland)			Investments		1,276,973							
East Asia and the Pacific	3	20	Program Services	Membership Support	1,633,177							

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) 4,346,593

Program Services

Membership Support

484,554

573,663

and Greenland)	•		_		
South America	2	14	Program Services	Membership Support	

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

South Asia

(a) Region (b) Number of (c) Number of (e) If activity listed in (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services, grants to recipients (s) in region located in the region) South Asia 108 IT Support Program Services 2.011.918

IProgram Services

Membership Support

218

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

Sub-Saharan Africa

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493100010017 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Rotary International 36-1707667 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (e) A mount of non- (f) Method of valuation **(b)** EIN (c) IRC section (d) A mount of cash (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) The Rotary Fdn of Rotary 36-3245072 501(c)(3) 290,401 PolioPlus Fund (1) International 1560 Sherman Avenue Evanston, IL 602013698 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2015

International for the PolioPlus Fund

Schedule J (Form 990)

Compensation Information

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

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

DLN: 93493100010017 OMB No 1545-0047

2015

reas	rtment of the ury nal Revenue Service	_	orm 990)	and its instructions is at <u>www.irs.gov/form990</u> .	Open t Insp	to Pul ectio	
	me of the organi ary International	zation		Employer identific	ation nu	mber	
Noc	ary International			36-1707667			
Pa	rt I Quest	ions Regarding Compensation		·			
						Yes	No
1a				y of the following to or for a person listed on Form de any relevant information regarding these items			
	✓ First-clas	ss or charter travel	▽	Housing allowance or residence for personal use			
	✓ Travel fo	r companions		Payments for business use of personal residence			
	√ Taxıdem	nıfıcatıon and gross-up payments	✓	Health or social club dues or initiation fees	ļ	ļ	ļ
	Discretio	nary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	•		•	on follow a written policy regarding payment or above? If "No," complete Part III to explain	1b	Yes	
2				ng or allowing expenses incurred by all rector, regarding the items checked in line 1a?	2	Yes	
3	organızatıon's	CEO/Executive Director Check all the	at apply	used to establish the compensation of the Do not check any boxes for methods the CEO/Executive Director, but explain in Part III			
	✓ Compens	ation committee		Written employment contract			
	✓ Independ	lent compensation consultant	~	Compensation survey or study	ĺ	İ	Ì
	Form 990	of other organizations	√	Approval by the board or compensation committee	Ì	İ	
4	During the yea or a related or	· · · · ·	Part VII	, Section A , line 1a with respect to the filing organizati	on		
а	Receive a sev	erance payment or change-of-control p	ayment	7	4a	Yes	
b	Participate in,	or receive payment from, a supplemen	tal nonq	jualified retirement plan?	4b		Νo
c	Participate in,	or receive payment from, an equity-ba	sed com	npensation arrangement?	4c		No
	If "Yes" to any	of lines 4a-c, list the persons and pro	vide the	e applicable amounts for each item in Part III			
5	For persons lis), 501(c)(4), and 501(c)(29) organizat sted on Form 990, Part VII, Section A, contingent on the revenues of		st complete lines 5-9. , did the organization pay or accrue any			
а	The organizati	on?			5a		No
b	Any related or	ganızatıon?			5b		No
	If "Yes," on lir	ne 5a or 5b, describe in Part III					
6	•	sted on Form 990, Part VII, Section A, contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organizati	on?			6 a		Νo
b	Any related or	ganızatıon?			6b		Νo
	If "Yes," on lir	ne 6a or 6b, describe in Part III					
7		sted on Form 990, Part VII, Section A , described in lines 5 and 6? If "Yes," do		, did the organization provide any non-fixed in Part III	7		No

ın Part III

section 53 4958-6(c)?

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Νo

ruge Z												
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.												
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual												
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in							

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	Base (ı) compensation	(ii)	(ıiı)	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior
		Bonus & incentive	Other reportable				
		compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

Page 2

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Supplemental Information

Part III

Form 990, Schedule J, Part I, Line 1a 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 the Rotary Code of Policies. The expense reimbursements are taxable to the recipients. It is the board policy to pay the presidents for the taxes lassociated with this income

Health or Social Club Dues or Initiation Fees For the President and President-Elect, expenses related to maintaining club memberships are included under Form 990, Schedule J. Part I. Line 1a the Rotary Code of Policies for personal expenses reimbursement. These expense reimbursements are taxable to the recipient Form 990, Schedule J, Part I, Line 4a Severance Payment or Change-of-Control Payment One individual ended their employment with the organization and received a severance payment

Schedule J. Part II Reportable Compensation

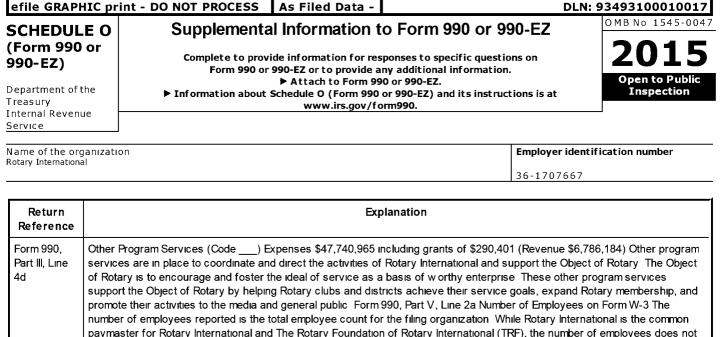
during calendar year 2015 Due to a confidentiality agreement, neither the name nor the amount will be listed. However, the amount has been included in Form 990, Part VII and Schedule J Highest Compensated Employees Rotary International has a highest compensated employee at its office in Zurich, Switzerland, which is currently

Software ID: Software Version:

EIN: 36-1707667

Name: Rotary International

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in			
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990			
1John Hewko	(1)	297,340		66	6,211	17,233	320,850	0			
General Secretary											
	(11)	167,254	0	37	3,494	- 9,693	180,478	0			
1Lon Carlson	(1)	124,143	0	52	4,277	5,033	128,472	0			
Chief Financial Officer											
	(11)	119,274	0	50	4,110	- n	- 123,434	0			
2Peter Markos	(1)	137,197	0	2,623	4,726	14,749		0			
CHief Information Officer	(11)	103,500									
	(,	103,300	U	1,979	3,565	11,127	120,171	U			
3 John Osterlund Chief Dev Officer Thru 5/16	(1)	6,156	0	3	219	643		0			
Chief Dev Officer Third 3/10	(11)	199,053		99	7,077						
	(,		ľ	99	7,077	20,789	227,018				
4 Michele Berg Chief Prog/Mem, deputy gen	(1)	175,357	0	3,282	5,014	14,963	198,616	0			
sec	(II)	52,379		980	1,498						
	` '	,	0	700	1,430	4,469	59,326				
5 Joe Brownlee Chief Strat Officer Thru 6/16	(1)	101,562	0	2,004	3,340	13,732	120,638	0			
,	(11)	97,579	0	1,926	3,209			0			
			_		-,	13,194	115,908				
6 Steven Routburg General Counsel	(1)	152,474	0	2,904	5,421	13,323	174,122	0			
	(11)	43,005	0	819	1,529			0			
					,	3,758	49,111				
7 Jeanette Hamilton Dir of Inv & Treas Thru 2/16	(1)	59,667	0	32	2,008	5,095	66,802	0			
	(11)	132,807	0	71	4,469	-	-	0			
8 David Alexander						11,340					
Chief Communications Officer	(1)	172,923	0	2,659	4,079	21,336	200,997	0			
	(11)	21,373	0	329	504	-	-	0			
9Chang Kyu Kim	(.)	06.453				2,637	24,843				
Office Manager, Korea	(1)	86,453 	0	0	0	3,225	89,678	0			
	(11)	93,657	0	0	0	<u> </u>	<u>-</u>	0			
10 Andrew McDonald	(1)	107,611				3,494					
Deputy General Counsel	(1)		⁰	2,029	3,631	4,921	118,192	0			
	(11)	53,002	0	999	1,788	2.424		0			
11Mitchell Germaine	(1)	86,924	0	373	3,019	2,424 10,441	58,213 100,757	0			
Director of IT						10,441					
	(11)	65,575	0	282	2,277	- 7,877	- 76,011	0			
12David StumpfController	(1)	68,627	0	1,081	2,485	9,631	81,824	0			
	,										
	(11)	77,388	0	1,219	2,802	- 10,861	- 92,270	0			
13Mark Lowry	(1)	82,799	0	56	2,961	12,810		0			
Director, Operations & Admin		62,462									
	(11)	02,402	0	42	2,234	- 9,663	- 74,401	0			
14Peter DeBerge Former Officer Thru 6/14	(1)	0	0	66,125	0	5,641	71,766	0			
Tormer Officer Trifu 6/14	(11)	0									
	("/			37,196	0	3,173	40,369	0			
			-	-	-						



include the employee count for TRF

Return	Explanation
Reference	
Form 990, Part V. Line 4b	Name of Foreign Country Argentina Australia Bangladesh Brazil Canada Chile Colombia Denmark Egypt Ethiopia Germany India Japan Nepal Nigeria Norway Pakistan Peru Philippines Republic of South Korea South Africa Sri Lanka Sweden
,	Switzerland Thailand Ukraine United Kingdom Venezuela

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. The member clubs of Rotary International, also Section 501(c)(4) entities, paid membership dues which are reported on Form 990, Part VIII, Line 1b as contribution revenue. As such, Rotary International does not directly provide an express statement.						

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

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 bylaw's Nominating committees select nominees for the Board of Directors, including the president Director nominating committees in each of the 34 worldwide RI zones nominate a director from the membership of the clubs in that zone every fourth year according to a schedule established by the RI Board Additionally, a 17 member nominating committee for president nominates a president each year (on a rotating basis each zone elects a member of a club in the zone to serve on the nominating committee). There are opportunities for clubs to put forward candidates to challenge the nominated candidates. Each club may vote in the election for president and directors, which takes place at the annual RI

Convention

Return Reference	Explanation							
Form 990, Part VI,	Review of Form 990 Rotary International's Form 990 is prepared by an independent certified public accounting firm A							
Section B, Line 11b	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							

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 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

E-----

Return Reference	Explanation
Form 990, Part VI, Section B, Lines 15a & 15b	Determination of Compensation The process for determining compensation for the General Secretary, Deputy General Secretary and General Managers was last reviewed in fiscal year 2016. Rls People & Talent team 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 same geographic area. People & Talent provides a salary range for the General Secretary, Deputy General Secretary, and General Managers positions and the Operations Review Committee (acting as a compensation advisory committee) and the Executive Committee of the Board of Directors review salary ranges and salary increase parameters for reasonableness. The General Secretarys compensation is based on the terms in the General Secretarys contract. The General Secretary approves salary increases for the Executive Management Team within the salary ranges approved by the Executive Committee of the Board of Directors. This process is contemporaneously documented.

Return Reference	Explanation
Form 990, Part VI,	Organizational Documents Available to the Public Rotary International makes its governing documents, conflict of
Section C, Line 19	interest policy, and audited financial statements available to the public on the organization's website, www rotary org

Return Reference	Explanation
Form 990, Part XI,	Other Changes in Net Assets or Fund Balance PPH Activity 30,689 Infotech Tax Adjustments (80,809) Sponsorship
Line 9	Adjustment (4,130) Total (54,250)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

DLN: 93493100010017 OMB No 1545-0047

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public

Internal Revenue Service

(Form 990)

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990. Department of the Treasury Inspection Name of the organization **Employer identification number** Rotary International

(a)	(b)	(a)	(4)	(a)	(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ 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 sec	ction Public charity (if section 501		rolling Section (13)	(g) on 512(b controlle ntity?
1) The Rotary Fdn of Rotary International 560 Sherman Avenue	Charitable	IL	501(c)(3)	7	Rotary Int'l	Yes Yes	No
vanston, IL 602013698 6-3245072							
							-

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)	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	alloca	rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging ner?	(k) Percentage ownership
(4) Debay Telegraphical TeleTele	T 6	TNI	Data a Tatil		274.402	1 011 200	Yes	No		Yes	No	00 000 0/
(1) Rotary International InfoTech	IT Support	IN	Rotary Int'l	related	274,103	1,844,289		No		Yes		99 990 %
SNO 103/123/1 Don Bosco Marg, Prune 411006 IN 98-1050532												
Part IV Identification of Related Organizations Taxable	as a Cori	norati	on or Trus	t Complete	f the organ	nization and	wered	1 "Yes	" on Form	990	Par	t IV line

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.

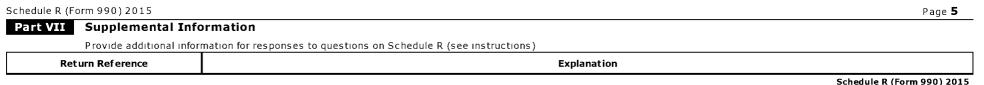
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(: contro entit	n 512 13) olled ty?
(1) PPH National Insurance Co 76 St Paul Street Suite 500 Burlington, VT 05401 03-0370108	CaptiveInsurance	VT	Rotary Int'l	C Corp	30,689	5,546,803	100 000 %	Yes	No

Death V. Transportions With Polated Organizations Complete if the exposurations	named IIVaall on Farm	. 000 Dowt IV line	24 25h oz 26		Ра	ge 3	
Part V Transactions With Related Organizations Complete if the organization a	nswered "Yes" on Form	990, Part IV, line	9 34, 35D, or 36.		Yes	No	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					162	NO	
1 During the tax year, did the organization engage in any of the following transactions with one or m	_						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Yes		
b Gift, grant, or capital contribution to related organization(s)				1b	Yes		
c Gift, grant, or capital contribution from related organization(s)				1c		No	
d Loans or loan guarantees to or for related organization(s)				1d		No	
e Loans or loan guarantees by related organization(s)				1e		No	
f Dividends from related organization(s)				1 f		No	
g Sale of assets to related organization(s)							
h Purchase of assets from related organization(s)							
i Exchange of assets with related organization(s)							
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1 j		No	
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No	
Performance of services or membership or fundraising solicitations for related organization(s)							
f m Performance of services or membership or fundraising solicitations by related organization(s) .				1m		No	
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes		
o Sharing of paid employees with related organization(s)				10	Yes		
p Reimbursement paid to related organization(s) for expenses				1 p	Yes		
q Reimbursement paid by related organization(s) for expenses				1q	Yes		
${f r}$ Other transfer of cash or property to related organization(s)				1r	Yes		
s Other transfer of cash or property from related organization(s)				1 s		No	
2 If the answer to any of the above is "Yes," see the instructions for information on who must com	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1	ds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount ı	nvolved	ſ	
ee Additional Data Table							

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

		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) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of	otal end-of-year	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No											
												1 I											
													<u>. </u>										



Additional Data

Software ID: Software Version:

EIN: 36-1707667

Name: Rotary International

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

	220,000.000.000			
	(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved
(1)	Rotary International Infotech	a	478	Cost
(1)	The Rotary Foundation of Rotary International	b	290,401	Cost
(2)	The Rotary Foundation of Rotary International	n	1,981,531	Cost
(3)	The Rotary Foundation of Rotary International	0	31,025,444	Cost
(4)	PPH National Insurance Co	0	150,642	Cost
(5)	The Rotary Foundation of Rotary International	q	16,883,319	Cost
(6)	Rotary International Infotech	q	2,653,016	Cost
(7)	PPH National Insurance Co	q	81,287	cost
(8)	PPH National Insurance Co	r	972,743	cost