Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

2018

Name of exempt organization: ROTARY INTERNATIONAL

Employer identification number: 36-1707667

Name and title of officer:
JULIE BURKE
CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ [X]	**b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	105,865,106.
2a Form 990-EZ check here ▶ [ ]	**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ]	**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ]	**b** **Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ [ ]	**b** **Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize DELOITTE TAX LLP (ERO firm name) to enter my PIN 07667 (Enter five numbers, but do not enter all zeros)

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Julie A Burke Date ▶ 2/28/20

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 41099031530 (Do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ Kristina Rasmussen Date ▶ 2/20/2020

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

EXTENDED TO MAY 15, 2020

Form **990**

Return of Organization Exempt From Income Tax

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending

C Name of organization
ROTARY INTERNATIONAL

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 1560 SHERMAN AVENUE | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
EVANSTON, IL 60201-3698

D Employer identification number 36-1707667

E Telephone number (847) 866-3000

G Gross receipts $ 256,053,494.

F Name and address of principal officer: JULIE BURKE
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 0573

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.ROTARY.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1911

M State of legal domicile: IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: ROTARIANS PROMOTE INTEGRITY, GOOD WILL AND PEACE THROUGH FELLOWSHIP OF BUSINESS PROFESSIONALS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	351
6	Total number of volunteers (estimate if necessary)	6	1189466
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	468,616.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	73,633,864.	80,521,450.
	9	Program service revenue (Part VIII, line 2g)	16,211,363.	19,788,943.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,264,586.	387,870.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,427,597.	5,166,843.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	106,537,410.	105,865,106.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	272,676.	265,658.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	38,598,150.	40,472,286.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	57,013,685.	61,322,681.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	95,884,511.	102,060,625.
	19	Revenue less expenses. Subtract line 18 from line 12	10,652,899.	3,804,481.
Net Assets or Fund Balances			**Beginning of Current Year**	**End of Year**
	20	Total assets (Part X, line 16)	172,445,046.	181,478,013.
	21	Total liabilities (Part X, line 26)	32,353,733.	35,618,727.
	22	Net assets or fund balances. Subtract line 21 from line 20	140,091,313.	145,859,286.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer | Date

▶ JULIE BURKE, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KRISTINA RASMUSSEN	Kristina Rasmussen	2/20/2020		P00143920

Firm's name ▶ DELOITTE TAX LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 50 SOUTH SIXTH STREET, SUITE 2800, MINNEAPOLIS, MN 55402 — Phone no. (612) 397 4000

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

Form **8868**
(Rev. January 2019)

Department of the Treasury
Internal Revenue Service

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-1709

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

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

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

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

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

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

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

1 I request an automatic 6-month extension of time until MAY 15, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year ______ or
▶ ☒ tax year beginning JUL 1, 2018 , and ending JUN 30, 2019 .

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
ROTARY INTERNATIONAL PROVIDES SERVICE TO OTHERS, PROMOTES INTEGRITY, AND ADVANCES WORLD UNDERSTANDING, GOODWILL, AND PEACE THROUGH OUR FELLOWSHIP OF BUSINESS, PROFESSIONAL, AND COMMUNITY LEADERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 11,960,021. including grants of $) (Revenue $ 13,057,402.)
INTERNATIONAL CONVENTION - THE INTERNATIONAL CONVENTION IS THE ANNUAL BUSINESS MEETING OF ROTARY INTERNATIONAL (RI) AND IS DESIGNED TO INSPIRE AND INFORM ROTARIANS AT AN INTERNATIONAL LEVEL WHILE ADVANCING THE STRATEGIC GOALS OF RI AND ITS FOUNDATION. THE CONVENTION IS HELD IN DIFFERENT LOCATIONS EACH YEAR, BOTH DOMESTIC AND INTERNATIONAL. IN 2019, THE CONVENTION WAS HELD IN HAMBURG, GERMANY AND ATTRACTED 26,859 ATTENDEES.

4b (Code:) (Expenses $ 10,290,391. including grants of $) (Revenue $)
DISTRICT GOVERNORS -THE DISTRICT GOVERNOR IS THE OFFICER OF RI FOR EACH GROUPING OF CLUBS THAT FORM A DISTRICT. THE DISTRICT GOVERNOR PROVIDES LEADERSHIP AND ASSISTANCE TO CLUBS WITHIN THE DISTRICT. IN ADDITION, THE GOVERNOR ENSURES CONTINUITY IN ALL PROGRAMS AND RELATED OPERATIONS WITHIN THE DISTRICT AND ACTS AS A LIAISON BETWEEN RI AND THE DISTRICT. IN FY19 RI HAD 538 DISTRICT GOVERNORS.

4c (Code:) (Expenses $ 5,519,437. including grants of $) (Revenue $ 146,640.)
INTERNATIONAL ASSEMBLY - THE INTERNATIONAL ASSEMBLY IS AN ANNUAL TRAINING MEETING OF RI DESIGNED TO INSPIRE AND MOTIVATE ROTARY OFFICERS AND LEADERS FOR THE INCOMING ROTARY YEAR. THE TRAINING ALLOWS INCOMING LEADERS TO INTERPRET AND IMPLEMENT THE PRESIDENT-ELECT'S PRIORITIES AND INITIATIVES, AND ALSO PROVIDES AN OPPORTUNITY TO DISCUSS AND PLAN THEIR ACTIVITIES DURING THE YEAR. THE INTERNATIONAL ASSEMBLY IS HELD ONCE A YEAR EVERY JANUARY, IN SAN DIEGO, CA.

4d Other program services (Describe in Schedule O.)
(Expenses $ 44,979,491. including grants of $ 265,658.) (Revenue $ 4,660,273.)

4e Total program service expenses ▶ 72,749,340.

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		X
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2		X
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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
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		X
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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		X
c	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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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	X	
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		X
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		X
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*	17		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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		X
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	X	
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		X
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), 501(c)(4), and 501(c)(29) 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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, 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*	35b	X	
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	214			
b	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 gaming (gambling) winnings to prize winners?			1c	X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 351			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	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	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b	X	
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	X	
b	If "Yes," enter the name of the foreign country: ▶ SEE SCHEDULE O				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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 as charitable contributions?		6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	X	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				

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

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

Section A. Governing Body and Management

				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 business relationship with any other officer, director, trustee, or key employee?	2			X
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			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AL,AR,CA,FL,GA,HI,IL,KS,KY,MA,MD,MI

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

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1560 SHERMAN, EVANSTON, IL 60201

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

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

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

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

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

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) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) BARRY RASSIN	40.00									
PRESIDENT	0.00	X		X				87,469.	0.	15,149.
(2) MARK DANIEL MALONEY	40.00									
PRESIDENT ELECT (BEG. 7/1/18)	0.00	X		X				26,448.	0.	7,189.
(3) JOHN MATTHEWS	20.00									
VICE PRESIDENT	0.00	X		X				0.	0.	0.
(4) PETER IBLHER	20.00									
TREASURER	0.00	X		X				0.	0.	0.
(5) FRANCESCO AREZZO	20.00									
DIRECTOR (BEG. 7/1/18)	0.00	X						0.	0.	0.
(6) OLAYINKA HAKEEM BABALOLA	20.00									
DIRECTOR (BEG. 7/1/18)	0.00	X						0.	0.	0.
(7) JEFFRY CADORETTE	20.00									
DIRECTOR (BEG. 7/1/18)	0.00	X						0.	0.	0.
(8) BASKER CHOCKALINGAM	20.00									
DIRECTOR	0.00	X						0.	0.	0.
(9) LAWRENCE DIMMITT	20.00									
DIRECTOR (BEG. 7/1/18)	0.00	X						0.	0.	0.
(10) RAFAEL GARCIA III	20.00									
DIRECTOR (BEG. 7/1/18)	0.00	X						0.	0.	0.
(11) KEIICHI ISHIGURO	20.00									
DIRECTOR	0.00	X						0.	0.	0.
(12) ROBERT KNUEPFER JR.	20.00									
DIRECTOR	0.00	X						0.	0.	0.
(13) AKIRA MIKI	20.00									
DIRECTOR (BEG. 7/1/18)	0.00	X						0.	0.	0.
(14) EUN-SOO MOON	20.00									
DIRECTOR	0.00	X						0.	0.	0.
(15) DAVID STOVALL	20.00									
DIRECTOR (BEG. 7/1/18)	0.00	X						0.	0.	0.
(16) BRIAN STOYEL	20.00									
DIRECTOR	0.00	X						0.	0.	0.
(17) PIOTR WYGNANCZUK	20.00									
DIRECTOR (BEG. 7/1/18)	0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) GREGORY YANK	20.00									
DIRECTOR	0.00	X						0.	0.	0.
(19) PAULO AUGUSTO ZANARDI	20.00									
DIRECTOR	0.00	X						0.	0.	0.
(20) JOHN HEWKO	25.20									
GENERAL SECRETARY	14.80			X				316,061.	185,623.	68,415.
(21) LORI CARLSON	20.40									
GM, CHIEF FINANCIAL OFFICER	19.60			X				136,170.	130,829.	35,426.
(22) JAMES BARNES	30.40									
CHIEF PROGRAMS & MEMBER SERVICES OFF	9.60				X			190,578.	60,183.	53,253.
(23) DAVID ALEXANDER	34.00									
GM, CHIEF COMMUNICATIONS OFFICER	6.00				X			186,220.	32,862.	61,504.
(24) MICHELE BERG	25.20									
DEPUTY GENERAL SECRETARY	14.80				X			181,214.	106,427.	53,728.
(25) STEVEN ROUTBURG	26.80									
GENERAL COUNSEL	13.20				X			146,133.	71,976.	61,795.
(26) THOMAS THORFINNSON	20.40									
GM, CHIEF STRATEGY OFFICER	19.60				X			115,880.	111,336.	41,808.
1b Sub-total								1,386,173.	699,236.	398,267.
c Total from continuation sheets to Part VII, Section A								632,095.	1,087,049.	370,009.
d Total (add lines 1b and 1c)								2,018,268.	1,786,285.	768,276.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 68

		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 J for such individual*	3	X	
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 J for such individual*	4	X	
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 J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
IACONO PRODUCTION SERVICES INC 11420 DEERFIELD RD., CINCINNATI, OH 45242	CONVENTION STAGE PRODUCTION	1,397,182.
SEAT PLANNERS INCORPORATED, 311 FOURTH AVE. SUITE 509, SAN DIEGO, CA 92101	CONVENTION TRANSPORTATION	1,170,771.
POINT B INC PO BOX 45527, SAN FRANCISCO, CA 94145	CONSULTING SERVICES	940,956.
BEACON HILL STAFFING GROUP LLC PO BOX 846193, BOSTON, MA 02284	STAFFING	863,878.
METROPOLITAN TORONTO CONVENTION CENTRE, 255 FRONT STREET WEST, TORONTO, ONTARIO,	CONVENTION VENUE	749,930.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 66

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) RICHARD KICK CHIEF INFORMATION OFFICER	22.40 17.60				X			114,868.	90,254.	52,307.
(28) ERIC JONES CHIEF INVESTMENT OFFICER	4.00 36.00				X			29,482.	265,338.	54,995.
(29) ERIC SCHMELLING GM, CHIEF PHILANTHROPY OFFICER	0.80 39.20				X			4,097.	200,765.	50,162.
(30) ANDREW MCDONALD DEPUTY GENERAL COUNSEL	26.80 13.20					X		119,259.	58,740.	38,013.
(31) KRISTOPHER NEWBAUER DIRECTOR OF GLOBAL PEOPLE & TALENT	22.40 17.60					X		104,918.	82,435.	28,558.
(32) BERNADETTE KNIGHT DIRECTOR OF FINANCE	18.80 21.20					X		88,241.	99,505.	63,185.
(33) VICTOR BARNES DIRECTOR OF PROGRAMS & GRANTS	8.40 31.60					X		34,962.	131,525.	39,696.
(34) JONATHAN SOUTH INVESTMENT OFFICER	4.00 36.00					X		17,610.	158,487.	35,732.
(35) IAN RISELEY FORMER OFFICER	20.00 0.00						X	118,658.	0.	7,361.
Total to Part VII, Section A, line 1c								632,095.	1,087,049.	370,009.

Part VIII **Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b 80,521,450.				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f: $					
	h	**Total.** Add lines 1a-1f ▶		80,521,450.			
Program Service Revenue			Business Code				
	2 a	INTERNATIONAL CONVENTI	900099	13,049,578.	13,049,578.		
	b	MAGAZINE	541800	5,908,073.	5,732,244.	175,829.	
	c	MEETING REVENUE	900099	400,573.	400,573.		
	d	INFOTECH INCOME	900099	258,467.	258,467.		
	e	OPEN WORLD LEADERSHIP	900099	172,252.	172,252.		
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f ▶		19,788,943.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		2,487,614.			2,487,614.
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶		1,251,530.			1,251,530.
			(i) Real / (ii) Personal				
	6 a	Gross rents	(i) 7,584,696. / (ii)				
	b	Less: rental expenses	(i) 4,820,943. / (ii)				
	c	Rental income or (loss)	(i) 2,763,753. / (ii)				
	d	Net rental income or (loss) ▶		2,763,753.		292,787.	2,470,966.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 117,263,747. / (ii) Other 25,570,870.				
	b	Less: cost or other basis and sales expenses	(i) 119,622,504. / (ii) 25,311,857.				
	c	Gain or (loss)	(i) -2,358,757. / (ii) 259,013.				
	d	Net gain or (loss) ▶		-2,099,744.			-2,099,744.
	8 a	Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events ▶					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities ▶					
	10 a	Gross sales of inventory, less returns and allowances	a 313,880.				
	b	Less: cost of goods sold	b 433,084.				
	c	Net income or (loss) from sales of inventory ▶		-119,204.	-119,204.		
		Miscellaneous Revenue	Business Code				
	11 a	INSURANCE - US CLUBS	524298	1,340,460.			1,340,460.
	b	SERVICE INCOME	900099	290,179.	290,179.		
	c	CURRENCY EXCHANGE LOSS	900099	-539,845.			-539,845.
	d	All other revenue	900099	179,970.	179,970.		
	e	**Total.** Add lines 11a-11d ▶		1,270,764.			
	12	**Total revenue.** See instructions ▶		105,865,106.	19,964,059.	468,616.	4,910,981.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	265,658.	265,658.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,679,021.	829,694.	849,327.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	29,462,737.	19,412,039.	10,050,698.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,511,335.	1,658,665.	852,670.	
9 Other employee benefits	4,430,708.	2,635,567.	1,795,141.	
10 Payroll taxes	2,388,485.	1,549,027.	839,458.	
11 Fees for services (non-employees):				
a Management	1,295,589.	919,195.	376,394.	
b Legal	527,395.	15,584.	511,811.	
c Accounting	128,770.	33,613.	95,157.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	300,298.		300,298.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,383,745.	2,858,133.	1,525,612.	
12 Advertising and promotion	1,799,213.	1,229,624.	569,589.	
13 Office expenses	1,458,917.	1,156,833.	302,084.	
14 Information technology	5,768,063.	4,059,099.	1,708,964.	
15 Royalties				
16 Occupancy	3,626,825.	2,580,065.	1,046,760.	
17 Travel	12,295,189.	8,972,405.	3,322,784.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,646,835.	9,195,999.	1,450,836.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,483,408.	1,766,129.	717,279.	
23 Insurance	2,340,434.	1,276,961.	1,063,473.	
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.)				
a DISTRICT GOVERNOR	9,496,534.	8,546,973.	949,561.	
b ROTARIAN MAGAZINE	3,335,136.	2,668,109.	667,027.	
c EQUIPMENT RENT & MAINTE	1,116,857.	965,802.	151,055.	
d UBI TAX	98,689.		98,689.	
e All other expenses	220,784.	154,166.	66,618.	
25 **Total functional expenses.** Add lines 1 through 24e	102,060,625.	72,749,340.	29,311,285.	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)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		7,518,075.	1	6,976,780.
	2	Savings and temporary cash investments		21,148,407.	2	20,830,731.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		10,489,830.	4	10,149,511.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	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 instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net		543,203.	7	1,072,369.
	8	Inventories for sale or use		293,864.	8	257,182.
	9	Prepaid expenses and deferred charges		8,010,515.	9	8,369,078.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 144,946,059.			
	b	Less: accumulated depreciation	10b 100,263,979.	35,914,542.	10c	44,682,080.
	11	Investments - publicly traded securities		76,338,286.	11	78,582,011.
	12	Investments - other securities. See Part IV, line 11		8,865,460.	12	6,879,087.
	13	Investments - program-related. See Part IV, line 11		1,961,178.	13	2,219,646.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,361,686.	15	1,459,538.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		172,445,046.	16	181,478,013.
Liabilities	17	Accounts payable and accrued expenses		23,214,412.	17	27,320,650.
	18	Grants payable			18	
	19	Deferred revenue		9,139,321.	19	8,298,077.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		32,353,733.	26	35,618,727.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		140,091,313.	27	145,859,286.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		140,091,313.	33	145,859,286.
	34	Total liabilities and net assets/fund balances		172,445,046.	34	181,478,013.

832011 12-31-18

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	105,865,106.
2	Total expenses (must equal Part IX, column (A), line 25)	2	102,060,625.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,804,481.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	140,091,313.
5	Net unrealized gains (losses) on investments	5	1,865,640.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	97,852.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	145,859,286.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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	3b		

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization ROTARY INTERNATIONAL

Employer identification number 36-1707667

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 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 Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a 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.

b 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 ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ ______ %

c Temporarily restricted endowment ▶ ______ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,230,725.		2,230,725.
b Buildings		86,843,937.	61,029,807.	25,814,130.
c Leasehold improvements		401,064.	170,949.	230,115.
d Equipment		55,470,333.	39,063,223.	16,407,110.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				44,682,080.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ROTARY INTERNATIONAL AND THE FOUNDATION HAVE EACH RECEIVED A FAVORABLE DETERMINATION LETTER FROM THE IRS STATING THAT EACH IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTIONS 501(C)(4) AND 501(C)(3), RESPECTIVELY, OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME.

PPH FILES A CORPORATION INCOME TAX RETURN, BUT IS NOT TREATED AS AN INSURANCE COMPANY FOR FEDERAL INCOME TAX PURPOSES AS IT IS A CAPTIVE INSURANCE COMPANY. ACCORDINGLY, PREMIUMS (FROM ROTARY) AND LOSSES AND LOSS ADJUSTMENT EXPENSES ARE EXCLUDED FROM THE CALCULATION OF TAXABLE INCOME. THERE WAS NO LIABILITY FOR INCOME TAX AS OF 30 JUNE 2019 AND

Part XIII Supplemental Information *(continued)*

2018.

INFOTECH IS A PRIVATE LIMITED COMPANY REGISTERED IN INDIA AND, AS SUCH, IS TAXABLE CORPORATION IN INDIA. UNDER U.S. TAX REGULATIONS, INFOTECH IS TREATED AS A FOREIGN PARTNERSHIP AND ALL OPERATIONS ARE INCLUDED IN ROTARY'S U.S. TAX FILINGS.

TAX EFFECTS FROM UNCERTAIN POSITIONS ARE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. MANAGEMENT HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS. ADDITIONALLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE CONSOLIDATED FINANCIAL STATEMENTS AND THERE IS NO INTEREST OR PENALTIES RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AND THERE IS NO INTEREST OR PENALTIES RECOGNIZED IN THE CONSOLIDATING STATEMENTS OF ACTIVITIES OR CONSOLIDATED STATEMENTS OF FINANCIAL POSITION.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization: ROTARY INTERNATIONAL

Employer identification number 36-1707667

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ...... [X] Yes [ ] No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA			INVESTMENTS		5,719,001.
CENTRAL AMERICA & THE CARIBBEAN			INVESTMENTS		717,406.
EUROPE (INCLUDING ICELAND AND GREENLAND)	1	29	PROGRAM SERVICES	MEMBERSHIP SUPPORT	6,591,373.
EAST ASIA AND THE PACIFIC	3	19	PROGRAM SERVICES	MEMBERSHIP SUPPORT	3,874,767.
SOUTH ASIA	1	19	PROGRAM SERVICES	MEMBERSHIP SUPPORT	1,813,752.
SOUTH AMERICA	2	7	PROGRAM SERVICES	MEMBERSHIP SUPPORT	1,029,803.
SOUTH ASIA	1	126	PROGRAM SERVICES	IT SUPPORT	2,639,890.
3 a Subtotal	8	200			22,385,992.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	8	200			22,385,992.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .... [X] Yes [ ] No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .... [ ] Yes [X] No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .... [X] Yes [ ] No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .... [ ] Yes [X] No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .... [X] Yes [ ] No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .... [X] Yes [ ] No

Part V Supplemental Information

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: ROTARY INTERNATIONAL

Employer identification number: 36-1707667

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

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

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1560 SHERMAN AVENUE - EVANSTON, IL 60201-3698	36-3245072	501(C)(3)	265,658.	0.			POLIOPLUS FUND

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2018)**

832101 11-02-18

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

ROTARY INTERNATIONAL ISSUED ONE GRANT IN FISCAL YEAR ENDED 30 JUNE 2019 TO THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL [501(C)(3)]. ROTARY INTERNATIONAL RELIES ON THE GRANT-MONITORING PROCEDURES OF THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL FOR THE POLIOPLUS FUND.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization: ROTARY INTERNATIONAL

Employer identification number 36-1707667

Part I Questions Regarding Compension

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. [X] First-class or charter travel [X] Travel for companions [X] Tax indemnification and gross-up payments [ ] Discretionary spending account [X] Housing allowance or residence for personal use [ ] Payments for business use of personal residence [X] Health or social club dues or initiation fees [X] Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. [X] Compensation committee [X] Independent compensation consultant [ ] Form 990 of other organizations [ ] Written employment contract [X] Compensation survey or study [X] Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
(1) JOHN HEWKO	(i)	316,061.	0.	0.	21,499.	21,603.	359,163.	0.
GENERAL SECRETARY	(ii)	185,623.	0.	0.	12,626.	12,687.	210,936.	0.
(2) LORI CARLSON	(i)	134,678.	0.	1,492.	17,149.	918.	154,237.	0.
GM, CHIEF FINANCIAL OFFICER	(ii)	129,396.	0.	1,433.	16,477.	882.	148,188.	0.
(3) JAMES BARNES	(i)	187,102.	0.	3,476.	25,082.	15,390.	231,050.	0.
CHIEF PROGRAMS & MEMBER SERVICES OFF	(ii)	59,085.	0.	1,098.	7,921.	4,860.	72,964.	0.
(4) DAVID ALEXANDER	(i)	184,151.	0.	2,069.	27,377.	24,902.	238,499.	0.
GM, CHIEF COMMUNICATIONS OFFICER	(ii)	32,497.	0.	365.	4,831.	4,394.	42,087.	0.
(5) MICHELE BERG	(i)	181,214.	0.	0.	17,719.	16,130.	215,063.	0.
DEPUTY GENERAL SECRETARY	(ii)	106,427.	0.	0.	10,406.	9,473.	126,306.	0.
(6) STEVEN ROUTBURG	(i)	143,418.	0.	2,715.	21,524.	19,879.	187,536.	0.
GENERAL COUNSEL	(ii)	70,639.	0.	1,337.	10,601.	9,791.	92,368.	0.
(7) THOMAS THORFINNSON	(i)	115,880.	0.	0.	16,435.	4,887.	137,202.	0.
GM, CHIEF STRATEGY OFFICER	(ii)	111,336.	0.	0.	15,791.	4,695.	131,822.	0.
(8) RICHARD KICK	(i)	114,868.	0.	0.	12,527.	16,765.	144,160.	0.
CHIEF INFORMATION OFFICER	(ii)	90,254.	0.	0.	9,843.	13,172.	113,269.	0.
(9) ERIC JONES	(i)	29,482.	0.	0.	2,751.	2,749.	34,982.	0.
CHIEF INVESTMENT OFFICER	(ii)	265,338.	0.	0.	24,755.	24,740.	314,833.	0.
(10) ERIC SCHMELLING	(i)	4,097.	0.	0.	518.	485.	5,100.	0.
GM, CHIEF PHILANTHROPY OFFICER	(ii)	200,765.	0.	0.	25,402.	23,757.	249,924.	0.
(11) ANDREW MCDONALD	(i)	117,106.	0.	2,153.	19,187.	6,282.	144,728.	0.
DEPUTY GENERAL COUNSEL	(ii)	57,679.	0.	1,061.	9,450.	3,094.	71,284.	0.
(12) KRISTOPHER NEWBAUER	(i)	103,023.	0.	1,895.	11,444.	4,548.	120,910.	0.
DIRECTOR OF GLOBAL PEOPLE & TALENT	(ii)	80,946.	0.	1,489.	8,992.	3,574.	95,001.	0.
(13) BERNADETTE KNIGHT	(i)	86,903.	0.	1,338.	14,665.	15,032.	117,938.	0.
DIRECTOR OF FINANCE	(ii)	97,997.	0.	1,508.	16,537.	16,951.	132,993.	0.
(14) VICTOR BARNES	(i)	34,962.	0.	0.	6,359.	1,977.	43,298.	0.
DIRECTOR OF PROGRAMS & GRANTS	(ii)	131,525.	0.	0.	23,924.	7,436.	162,885.	0.
(15) JONATHAN SOUTH	(i)	17,610.	0.	0.	1,477.	2,096.	21,183.	0.
INVESTMENT OFFICER	(ii)	158,487.	0.	0.	13,292.	18,867.	190,646.	0.
(16) IAN RISELEY	(i)	118,658.	0.	0.	0.	7,361.	126,019.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

FIRST CLASS TRAVEL

UNCOMPENSATED VOLUNTEER LEADERS CONDUCT EXTENSIVE INTERNATIONAL TRAVEL ON BEHALF OF THE ORGANIZATION. ROTARY INTERNATIONAL PROVIDES BUSINESS-CLASS AIRFARE FOR THE BOARD OF DIRECTORS AND THE GENERAL SECRETARY. BUSINESS-CLASS TRAVEL IS AVAILABLE IN MOST MARKETS, BUT IF IT IS NOT, FIRST-CLASS OR ECONOMY AIRFARES ARE SUBSTITUTED. THE PRESIDENT AND PRESIDENT-ELECT ARE PERMITTED TO USE FIRST-CLASS TRAVEL, ALTHOUGH THEY MAY CHOOSE BUSINESS-CLASS OR ECONOMY.

TAX INDEMNIFICATION AND GROSS UP PAYMENTS

ROTARY INTERNATIONAL DOES NOT COMPENSATE THE PRESIDENT AND PRESIDENT ELECT'S SERVICES OTHER THAN THE REIMBURSEMENT OF CERTAIN PERSONAL EXPENSES RELATED TO THEIR SERVICES (I.E. THE COST TO MAINTAIN THEIR PERSONAL RESIDENCE, HEALTH INSURANCE, ETC.) AS DEFINED IN THE ROTARY CODE OF POLICIES. THE EXPENSE REIMBURSEMENTS ARE TAXABLE TO THE RECIPIENTS. IT IS THE BOARD POLICY TO PAY THE PRESIDENTS FOR THE TAXES ASSOCIATED WITH THIS INCOME.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PERSONAL SERVICES

FOR ANY PRESIDENT OF ROTARY INTERNATIONAL, WHO IS NOT A UNITED STATES CITIZEN, EXPENSES RELATED TO INCOME TAX PREPARATION ARE INCLUDED UNDER THE ROTARY CODE OF POLICY. THESE EXPENSES ARE TAXABLE TO THE RECIPIENT.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

FOR EFFICIENCY, RESIDENCES NEAR RI HEADQUARTERS ARE PROVIDED FOR THE ROTARY INTERNATIONAL PRESIDENT AND PRESIDENT-ELECT. PERSONAL USE OF THE RESIDENCES IS REPORTED AS TAXABLE INCOME TO THE RECIPIENTS. IN ADDITION, RI REIMBURSES THE PRESIDENT AND PRESIDENT-ELECT FOR CERTAIN COSTS ASSOCIATED WITH MAINTAINING THEIR PERSONAL RESIDENCES WHILE THEY ARE TRAVELLING ON BEHALF OF THE ASSOCIATION. THESE EXPENSE REIMBURSEMENTS ARE TAXABLE TO THE RECIPIENT.

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THE DOCUMENTATION DURING THE EXPENSE REIMBURSEMENT APPROVAL PROCESS.

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 POLICES FOR PERSONAL EXPENSE REIMBURSEMENT. THESE EXPENSE REIMBURSEMENTS ARE TAXABLE TO THE RECIPIENT.

HIGHEST COMPENSATED EMPLOYEES

ROTARY INTERNATIONAL HAS A HIGHEST COMPENSATED EMPLOYEE AT ITS OFFICE IN ZURICH, SWITZERLAND, WHICH IS CURRENTLY UNDISCLOSED DUE TO POTENTIAL INFRINGEMENT OF LOCAL DATA PRIVACY LAWS. SALARIES FOR STAFF AT THE INTERNATIONAL OFFICES ARE ESTABLISHED IN THEIR LOCAL CURRENCY AND TRANSLATED TO US DOLLARS FOR REPORTING PURPOSES, RESULTING IN POTENTIALLY LARGE FLUCTUATIONS IN THE USE DOLLAR REPORTABLE EQUIVALENT FOR COMPENSATION.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

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

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

OTHER PROGRAM SERVICES ARE IN PLACE TO COORDINATE AND DIRECT THE ACTIVITIES OF ROTARY INTERNATIONAL AND SUPPORT THE OBJECT OF ROTARY. THE OBJECT OF ROTARY IS TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE. THESE OTHER PROGRAM SERVICES SUPPORT THE OBJECT OF ROTARY BY HELPING ROTARY CLUBS AND DISTRICTS ACHIEVE THEIR SERVICES GOALS, EXPAND ROTARY MEMBERSHIP, AND PROMOTE THEIR ACTIVITIES TO THE MEDIA AND GENERAL PUBLIC.

EXPENSES $ 44,979,491. INCL GRANTS OF $ 265,658. REVENUE $ 4,660,273.

FORM 990, PART V, LINE 2A

NUMBER OF EMPLOYEES ON W-3

THE NUMBER OF EMPLOYEES REPORTED IS THE TOTAL EMPLOYEE COUNT FROM THE FILING ORGANIZATION. WHILE ROTARY INTERNATIONAL IS THE COMMON PAYMASTER FOR ROTARY INTERNATIONAL AND THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL (TRF), THE NUMBER OF EMPLOYEES DOES NOT INCLUDE THE EMPLOYEE COUNT FOR TRF.

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

ARGENTINA, AUSTRALIA, BANGLADESH, BRAZIL,

CANADA, CHILE, COLOMBIA, DENMARK,

EGYPT, ETHIOPIA, GERMANY, INDIA,

JAPAN, SOUTH KOREA, NEPAL, NIGERIA,

NORWAY, PAKISTAN, PERU, PHILIPPINES,

SOUTH AFRICA, SRI LANKA, SWEDEN, SWITZERLAND,

THAILAND, UKRAINE, UNITED KINGDOM, VENEZUELA

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

FORM 990, PART V, LINE 6B

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 18 AS CONTRIBUTION REVENUE. AS SUCH, ROTARY INTERNATIONAL DOES NOT DIRECTLY PROVIDE AN EXPRESS STATEMENT.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERSHIP OF ROTARY INTERNATIONAL CONSISTS OF ROTARY CLUBS ORGANIZED AND OPERATING IN ACCORDANCE WITH THE RI CONSTITUTION AND BYLAWS

FORM 990, PART VI, SECTION A, LINE 7A:

THE PROCEDURES FOR THE SELECTION OF ROTARY INTERNATIONAL (RI) OFFICERS ARE STATED IN THE RI BYLAWS. NOMINATING COMMITTEES SELECT NOMINEES FOR THE BOARD OF DIRECTORS, INCLUDING THE PRESIDENT. DIRECTOR NOMINATING COMMITTEES IN EACH OF THE 34 WORLDWIDE RI ZONES NOMINATE A DIRECTOR FROM THE MEMBERSHIP OF THE CLUBS IN THAT ZONE EVERY FOURTH YEAR ACCORDING TO A SCHEDULE ESTABLISHED BY THE RI BOARD. ADDITIONALLY, A 17 MEMBER NOMINATING COMMITTEE FOR PRESIDENT NOMINATES A PRESIDENT EACH YEAR (ON A ROTATING BASIS EACH ZONE ELECTS A MEMBER OF A CLUB IN THE ZONE TO SERVE ON THE NOMINATING COMMITTEE). THERE ARE OPPORTUNITIES FOR CLUBS TO PUT FORWARD CANDIDATES TO CHALLENGE THE NOMINATED CANDIDATES. EACH CLUB MAY VOTE IN THE ELECTION FOR PRESIDENT AND DIRECTORS , WHICH TAKES PLACE AT THE ANNUAL RI CONVENTION.

FORM 990, PART VI, SECTION B, LINE 11B:

Name of the organization: ROTARY INTERNATIONAL

Employer identification number: 36-1707667

ROTARY INTERNATIONAL'S FORM 990 IS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM. A DRAFT OF THE FORM 990 IS REVIEWED BY THE DIRECTOR OF FINANCE AND THE CHIEF FINANCIAL OFFICER. UPON COMPLETION OF THE REVIEW PROCESS, THE RETURN IS PROVIDED TO THE BOARD OF DIRECTORS, SIGNED BY THE CFO AND FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL DIRECTORS MUST DISCLOSE ANY FAMILY OR BUSINESS RELATIONSHIPS WITH OTHER DIRECTORS, TRUSTEES OF THE ROTARY FOUNDATION, KEY EMPLOYEES, OR HIGHEST COMPENSATED INDEPENDENT CONTRACTORS OF ROTARY INTERNATIONAL AND THE ROTARY FOUNDATION AS IDENTIFIED ANNUALLY BY THE GENERAL SECRETARY. TO COMPLY WITH THIS POLICY, DIRECTORS SUBMIT AN ANNUAL POTENTIAL CONFLICT OF INTEREST STATEMENT, ON WHICH THEY REPORT ANY PREVIOUSLY UNDISCLOSED POTENTIAL CONFLICTS OF INTEREST. THE RI EXECUTIVE COMMITTEE REVIEWS THESE REPORTS AND WORKS TO RESOLVE ANY ACTUAL OR POTENTIAL CONFLICTS. IF NO RESOLUTION IS REACHED, THE COMMITTEE REFERS THE MATTER TO THE BOARD OF DIRECTORS AND AN APPROPRIATE ACTION WILL BE TAKEN. A POTENTIAL CONFLICT OF INTEREST IS DEEMED TO EXIST IF A MAJORITY OF DIRECTORS VOTING REACH AN AFFIRMATIVE DECISION. THE DIRECTOR WITH THE POTENTIAL CONFLICT OF INTEREST SHALL NOT BE PRESENT FOR THE VOTE. IN ADDITION, THE OPERATIONS REVIEW COMMITTEE MONITORS COMPLIANCE WITH THE CODE OF CONDUCT AND CONFLICT OF INTEREST POLICY. KEY EMPLOYEES AND OTHER EMPLOYEES IN A POSITION OF INFLUENCE ARE ALSO REQUIRED TO MAKE ANNUAL CONFLICT OF INTEREST DISCLOSURES.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION FOR THE GENERAL SECRETARY, DEPUTY GENERAL SECRETARY AND GENERAL MANAGERS WAS LAST REVIEWED IN FISCAL YEAR 2016. RI'S GLOBAL PEOPLE & TALENT TEAM COLLECTS DATA ON TOTAL COMPENSATION

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

(I.E., BASE SALARY AND BENEFITS) FROM SEVERAL SOURCES, INCLUDING INDEPENDENT COMPENSATION CONSULTANTS, SALARY SURVEYS, PROFESSIONAL PUBLICATIONS, AND INFORMATION FROM SIMILAR ORGANIZATIONS IN THE SAME GEOGRAPHIC AREA. PEOPLE & TALENT APPROVES A SALARY RANGE FOR THE GENERAL SECRETARY, DEPUTY GENERAL SECRETARY, AND GENERAL MANAGERS POSITIONS AND THE OPERATIONS REVIEW COMMITTEE (ACTING AS A COMPENSATION ADVISORY COMMITTEE) AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEW SALARY RANGES AND SALARY INCREASE PARAMETERS FOR REASONABLENESS. THE GENERAL SECRETARY'S COMPENSATION IS BASED ON THE TERMS IN THE GENERAL SECRETARY'S CONTRACT. THE GENERAL SECRETARY APPROVES SALARY INCREASES FOR THE EXECUTIVE MANAGEMENT TEAM WITHIN THE SALARY RANGES APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THIS PROCESS IS CONTEMPORANEOUSLY DOCUMENTED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AR,CA,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,MS,NC,ND,NH,NJ,PA,RI,SC,TN,UT,VA,WI WV

FORM 990, PART VI, SECTION C, LINE 19:

ROTARY INTERNATIONAL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE, WWW.ROTARY.ORG.

FORM 990, PART VII, LINE 2

HIGHEST COMPENSATED EMPLOYEES

THE HIGHEST COMPENSATED EMPLOYEES ARE DETERMINED BASED ON W-2 AMOUNTS FOR THE FILING AND RELATED ORGANIZATION, CONSISTENT WITH PRIOR YEAR.

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

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

PPH NET INCOME 97,852.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: ROTARY INTERNATIONAL

Employer identification number: 36-1707667

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
THE ROTARY FDN OF ROTARY INTERNATIONAL - 36-3245072, 1560 SHERMAN AVENUE, EVANSTON, IL 60201-3698	CHARITABLE	ILLINOIS	501(C)(3)	7	ROTARY INTERNATIONAL	X	
ROTARY INTERNATIONAL HOLDINGS NFP - 32-0515763, 1560 SHERMAN AVENUE, EVANSTON, IL 60201-3698	CHARITABLE	ILLINOIS	501(C)(3)	10	ROTARY INTERNATIONAL	X	

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
ROTARY INTERNATIONAL INFOTECH PVT., LTD. - 98-1050532, SUITE NO. 14, LEVEL 3, MUTTHA TOWERS, DON BOSCO MARG,	IT SUPPORT	INDIA	ROTARY INTERNATIONAL	RELATED	271,207.	2,643,991.		X	N/A	X		99.99%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
PPH NATIONAL INSURANCE CO - 03-0370108 76 ST. PAUL STREET, SUITE 500 BURLINGTON, VT 05401	CAPTIVE INSURANCE	VT	ROTARY INTERNATIONAL	C CORP	97,852.	5,242,580.	100%	X	

SEE PART VII FOR CONTINUATIONS

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**		X
b Gift, grant, or capital contribution to related organization(s)	**1b**	X	
c Gift, grant, or capital contribution from related organization(s)	**1c**		X
d Loans or loan guarantees to or for related organization(s)	**1d**		X
e Loans or loan guarantees by related organization(s)	**1e**		X
f Dividends from related organization(s)	**1f**		X
g Sale of assets to related organization(s)	**1g**		X
h Purchase of assets from related organization(s)	**1h**		X
i Exchange of assets with related organization(s)	**1i**		X
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**		X
k Lease of facilities, equipment, or other assets from related organization(s)	**1k**		X
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		X
m Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**	X	
o Sharing of paid employees with related organization(s)	**1o**	X	
p Reimbursement paid to related organization(s) for expenses	**1p**	X	
q Reimbursement paid by related organization(s) for expenses	**1q**	X	
r Other transfer of cash or property to related organization(s)	**1r**	X	
s Other transfer of cash or property from related organization(s)	**1s**		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE ROTARY FDN OF ROTARY INTERNATIONAL	B	265,658.	COST
(2) THE ROTARY FDN OF ROTARY INTERNATIONAL	N	1,400,142.	COST
(3) THE ROTARY FDN OF ROTARY INTERNATIONAL	O	33,803,996.	COST
(4) ROTARY INTERNATIONAL INFOTECH PVT., LTD.	P	2,404,355.	COST
(5) THE ROTARY FDN OF ROTARY INTERNATIONAL	P	11,131.	COST
(6) PPH NATIONAL INSURANCE CO	Q	81,287.	COST

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)	THE ROTARY FDN OF ROTARY INTERNATIONAL	Q	23,436,705.	COST
(8)	PPH NATIONAL INSURANCE CO	R	816,856.	COST
(9)	PPH NATIONAL INSURANCE CO	O	208,892.	COST
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII **Supplemental Information.**

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ROTARY INTERNATIONAL INFOTECH PVT., LTD.

EIN: 98-1050532

SUITE NO. 14, LEVEL 3, MUTTHA TOWERS, DON BOSCO MARG, YERWADA

PUNE, INDIA