

Form **990**  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047  
**2022**  
**Open to Public Inspection**

**A For the 2022 calendar year, or tax year beginning 07-01-2022, and ending 06-30-2023**

**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) Room/suite: 1560 SHERMAN AVENUE  
 City or town, state or province, country, and ZIP or foreign postal code: EVANSTON, IL 602013698

**D** Employer identification number: 36-1707667  
**E** Telephone number: (847) 866-3000  
**G** Gross receipts \$ 146,751,320

**F** Name and address of principal officer:  
 JULIE BURKE  
 1560 SHERMAN AVENUE  
 EVANSTON, IL 602013698

**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**

**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.

|  |           |           |
|--|-----------|-----------|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | <b>3</b>  | 19        |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | <b>4</b>  | 17        |
| <b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)  | <b>5</b>  | 342       |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | <b>6</b>  | 1,153,717 |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | <b>7a</b> | 313,134   |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11        | <b>7b</b> | 0         |

|   | Prior Year  | Current Year |
|---|-------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 85,246,609  | 84,720,048   |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 12,977,031  | 14,344,889   |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 2,203,002   | 2,152,162    |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | 3,976,545   | 4,255,694    |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 104,403,187 | 105,472,793  |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)                  | 184,892     | 80,039       |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0           | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 41,802,206  | 44,312,362   |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0           | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0                      |             |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      | 59,942,198  | 63,679,702   |
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         | 101,929,296 | 108,072,103  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 2,473,891   | -2,599,310   |

|  | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                             | 193,008,591               | 200,010,861 |
| <b>21</b> Total liabilities (Part X, line 26)                        | 33,747,554                | 43,003,868  |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 | 159,261,037               | 157,006,993 |

**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: 2024-03-08  
 JULIE BURKE CFO  
 Type or print name and title

**Paid Preparer Use Only**

|  |                      |      |   |                |
|--|----------------------|------|---|----------------|
| Print/Type preparer's name   | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P01275237 |
| Firm's name ▶ DELOITTE TAX LLP   |                      |      | Firm's EIN ▶ 86-1065772                         |                |
| Firm's address ▶ 50 SOUTH SIXTH STREET SUITE 2800<br>MINNEAPOLIS, MN 55402 |                      |      | Phone no. (612) 397-4000                        |                |

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

**Part III Statement of Program Service Accomplishments**

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

**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  No

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

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

If "Yes," describe these changes on Schedule O.

**4** Describe the 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 \$ 9,007,680 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4b** (Code: ) (Expenses \$ 9,349,849 including grants of \$ ) (Revenue \$ 8,744,027 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 5,835,827 including grants of \$ ) (Revenue \$ 24,284 )  
See Additional Data

(Code: ) (Expenses \$ 52,330,600 including grants of \$ 80,039 ) (Revenue \$ 5,613,129 )

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.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 52,330,600 including grants of \$ 80,039 ) (Revenue \$ 5,613,129 )

**4e Total program service expenses** ▶ 76,523,956

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a through f for items 11 and 14. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

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 [checked]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 5 main columns: Question ID, Question Text, Answer Box, Yes/No, and other. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, and various organizational requirements.

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about states where Form 990 is required, public inspection of Form 1023, and disclosure of governing documents.







Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 80,039                | 80,039                          |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 2,136,601             | 1,134,410                       | 1,002,191                              |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .   | 31,151,740            | 21,277,013                      | 9,874,727                              |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .  | 2,777,448             | 1,784,897                       | 992,551                                |                             |
| <b>9</b> Other employee benefits . . . . .  | 5,566,006             | 3,461,991                       | 2,104,015                              |                             |
| <b>10</b> Payroll taxes . . . . .   | 2,680,567             | 1,722,786                       | 957,781                                |                             |
| <b>11</b> Fees for services (non-employees):  |                       |                                 |  |                             |
| <b>a</b> Management . . . . .   | 861,373               | 622,239                         | 239,134                                |                             |
| <b>b</b> Legal . . . . .  | 289,519               | 12,822                          | 276,697                                |                             |
| <b>c</b> Accounting . . . . .   | 195,699               | 14,799                          | 180,900                                |                             |
| <b>d</b> Lobbying . . . . .   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .   | 392,722               |                                 | 392,722                                |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 6,647,168             | 4,835,359                       | 1,811,809                              |                             |
| <b>12</b> Advertising and promotion . . . . .   | 1,665,977             | 1,229,667                       | 436,310                                |                             |
| <b>13</b> Office expenses . . . . .   | 1,995,888             | 1,592,785                       | 403,103                                |                             |
| <b>14</b> Information technology . . . . .  | 8,996,559             | 6,335,925                       | 2,660,634                              |                             |
| <b>15</b> Royalties . . . . .   |                       |                                 |  |                             |
| <b>16</b> Occupancy . . . . .   | 3,253,707             | 2,375,855                       | 877,852                                |                             |
| <b>17</b> Travel . . . . .  | 8,943,580             | 6,251,746                       | 2,691,834                              |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 9,753,760             | 8,547,802                       | 1,205,958                              |                             |
| <b>20</b> Interest . . . . .  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates . . . . .  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 5,361,446             | 3,872,806                       | 1,488,640                              |                             |
| <b>23</b> Insurance . . . . .   | 2,886,357             | 1,556,028                       | 1,330,329                              |                             |
| <b>24</b> 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.)                                       |                       |                                 |  |                             |
| <b>a</b> DISTRICT GOVERNOR  | 8,422,771             | 6,738,217                       | 1,684,554                              |                             |
| <b>b</b> MAGAZINE - PRINT & POST  | 2,959,181             | 2,356,628                       | 602,553                                |                             |
| <b>c</b> EQUIPMENT RENT & MAINT   | 900,356               | 651,853                         | 248,503                                |                             |
| <b>d</b> BOOKS & PERIODICALS  | 78,317                | 13,923                          | 64,394                                 |                             |
| <b>e</b> All other expenses   | 75,322                | 54,366                          | 20,956                                 |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 108,072,103           | 76,523,956                      | 31,548,147                             | 0                           |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year    |
|---|--|--------------------------|-------------|-----------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 13,762,466               | <b>1</b>    | 7,397,858             |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 24,095,459               | <b>2</b>    | 19,967,820            |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                          | <b>3</b>    |                       |
|   | <b>4</b> Accounts receivable, net . . . . .  | 6,853,969                | <b>4</b>    | 14,040,339            |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       |                          | <b>5</b>    |                       |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   |                          | <b>6</b>    |                       |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 978,331                  | <b>7</b>    | 948,061               |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>    |                       |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 8,412,568                | <b>9</b>    | 12,022,291            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 183,606,155   |             |                       |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 128,590,757   | 57,968,898  | <b>10c</b> 55,015,398 |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 65,953,873               | <b>11</b>   | 66,959,541            |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 9,618,579                | <b>12</b>   | 12,357,758            |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 3,096,586                | <b>13</b>   | 3,939,619             |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>   |                       |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 2,267,862                | <b>15</b>   | 7,362,176             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 193,008,591  | <b>16</b>                | 200,010,861 |                       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 27,300,292               | <b>17</b>   | 36,046,713            |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b>   |                       |
|   | <b>19</b> Deferred revenue . . . . .   | 6,447,262                | <b>19</b>   | 6,957,155             |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>   |                       |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | <b>21</b>   |                       |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |                          | <b>22</b>   |                       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b>   |                       |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>   |                       |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D  |                          | <b>25</b>   |                       |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 33,747,554               | <b>26</b>   | 43,003,868            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |             |                       |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 159,261,037              | <b>27</b>   | 157,006,993           |
|   | <b>28</b> Net assets with donor restrictions . . . . .   |                          | <b>28</b>   |                       |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |             |                       |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>   |                       |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                          | <b>30</b>   |                       |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>31</b>   |                       |
| <b>32</b> Total net assets or fund balances . . . . .                         | 159,261,037  | <b>32</b>                | 157,006,993 |                       |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 193,008,591  | <b>33</b>                | 200,010,861 |                       |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 105,472,793 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 108,072,103 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -2,599,310  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 159,261,037 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -529,278    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | -2,930      |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 877,474     |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 157,006,993 |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain 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?
- 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.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-1707667

**Name:** ROTARY INTERNATIONAL

Form 990 (2022)

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### Form 990, Part III, Line 4a:

DISTRICT GOVERNORS - THE DISTRICT GOVERNOR IS THE OFFICER OF ROTARY INTERNATIONAL (RI) FOR EACH GROUPING OF CLUBS THAT FORM A DISTRICT. THE DISTRICT GOVERNOR PROVIDES LEADERSHIP AND ASSISTANCE TO CLUBS WITHIN THE DISTRICT. IN ADDITION, THE GOVERNOR ENSURES CONTINUITY IN ALL PROGRAMS AND RELATED OPERATIONS WITHIN THE DISTRICT AND ACTS AS A LIAISON BETWEEN RI AND THE DISTRICT. IN FY23 RI HAD 528 DISTRICT GOVERNORS.

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**Form 990, Part III, Line 4b:**

INTERNATIONAL CONVENTION - THE INTERNATIONAL CONVENTION IS THE ANNUAL BUSINESS MEETING OF RI AND IS DESIGNED TO INSPIRE AND INFORM ROTARIANS AT AN INTERNATIONAL LEVEL WHILE ADVANCING THE STRATEGIC GOALS OF RI AND ITS FOUNDATION. THE CONVENTION IS HELD IN DIFFERENT LOCATIONS EACH YEAR, BOTH DOMESTIC AND INTERNATIONAL. IN 2023, THE CONVENTION WAS HELD IN MELBOURNE, AUSTRALIA.

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**Form 990, Part III, Line 4c:**

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 ORLANDO FLORIDA.

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| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| JENNIFER JONES BEG 7122<br>.....<br>PRESIDENT   | 40.00<br>.....<br>0.00   | X   |                       | X       |              |                              |        | 105,250   | 0  | 15,543  |
| GORDON MCINALLY BEG 7122<br>.....<br>PRESIDENT ELECT  | 40.00<br>.....<br>0.00   | X   |                       | X       |              |                              |        | 19,706  | 0  | 8,524   |
| ANANTHANARAYANAN VENKATESH<br>.....<br>TREASURER  | 20.00<br>.....<br>0.00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| NICKI SCOTT<br>.....<br>VICE PRESIDENT  | 20.00<br>.....<br>0.00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| ALBERTO CECCHINI BEG 7122<br>.....<br>DIRECTOR  | 20.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DREW KESSLER BEG 7122<br>.....<br>DIRECTOR  | 20.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ELIZABETH USOVICZ<br>.....<br>DIRECTOR  | 20.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JEREMY HURST BEG 7122<br>.....<br>DIRECTOR  | 20.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JESSIE HARMAN<br>.....<br>DIRECTOR  | 20.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JULIO CESAR A SILVA-SANTISTEBAN<br>.....<br>DIRECTOR  | 20.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |



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

| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| LENA MJERSKAUG BEG 7122<br>.....<br>DIRECTOR                  | 20.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MAHESH KOTBAGI<br>.....<br>DIRECTOR                           | 20.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MUHAMMAD FAIZ KIDWAI<br>.....<br>DIRECTOR (BEG 7/1/22)        | 20.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PATRICIA MERRYWEATHER-ARGES<br>.....<br>DIRECTOR (BEG 7/1/22) | 20.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PATRICK CHISANGA BEG 7122<br>.....<br>DIRECTOR                | 20.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| URS KLEMM<br>.....<br>DIRECTOR                                | 20.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| VICKI PULIZ<br>.....<br>DIRECTOR                              | 20.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| WON-PYO KIM<br>.....<br>DIRECTOR                              | 20.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| YOSHIO SATO BEG 7122<br>.....<br>DIRECTOR                     | 20.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOHN HEWKO<br>.....<br>CHIEF EXECUTIVE OFFICER                | 25.20<br>.....<br>14.80  |   |                       | X       |              |                              |        | 379,387   | 222,814  | 64,557  |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| JULIE BURKE<br>.....<br>CHIEF FINANCIAL OFFICER   | 19.60<br>.....<br>20.40  |   |                       | X       |              |                              |        | 151,780   | 157,975  | 71,132  |
| MICHELE BERG<br>.....<br>DEPUTY GENERAL SECRETARY   | 25.20<br>.....<br>14.80  |   |                       |         | X            |                              |        | 222,019   | 130,392  | 73,052  |
| ERIC JONES<br>.....<br>CHIEF INVESTMENT OFFICER   | 2.80<br>.....<br>37.20   |   |                       |         | X            |                              |        | 24,607  | 326,925  | 68,481  |
| JAMES BARNES<br>.....<br>CHIEF PROGRAMS & MEMBER SERVICES OFFICER   | 30.80<br>.....<br>9.20   |   |                       |         | X            |                              |        | 222,530   | 66,470   | 61,991  |
| DAVID ALEXANDER<br>.....<br>CHIEF COMMUNICATIONS OFFICER  | 34.00<br>.....<br>6.00   |   |                       |         | X            |                              |        | 226,921   | 40,045   | 69,984  |
| PAUL HAISMAN<br>.....<br>CHIEF INFORMATION OFFICER  | 22.00<br>.....<br>18.00  |   |                       |         | X            |                              |        | 150,273   | 122,951  | 57,132  |
| STEVEN ROUTBURG<br>.....<br>GENERAL COUNSEL   | 32.40<br>.....<br>7.60   |   |                       |         | X            |                              |        | 205,904   | 48,299   | 57,950  |
| KRISTOPHER NEWBAUER<br>.....<br>CHIEF HUMAN RESOURCES OFFICER   | 22.00<br>.....<br>18.00  |   |                       |         | X            |                              |        | 145,488   | 119,036  | 41,453  |
| THOMAS THORFINNSON<br>.....<br>CHIEF STRATEGY OFFICER   | 25.60<br>.....<br>14.40  |   |                       |         | X            |                              |        | 163,724   | 92,095   | 48,101  |
| NORA ZEI<br>.....<br>CHIEF PARTICIPANT EXPERIENCE OFFICER   | 30.80<br>.....<br>9.20   |   |                       |         | X            |                              |        | 177,534   | 39,297   | 31,051  |

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

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| JONATHAN SOUTH<br>.....<br>INVESTMENT OFFICER                | 2.80<br>.....<br>37.20   |   |                       |         |              | X                            |        | 13,546  | 179,965  | 57,372  |
| ANAND RAMAKRISHNAN<br>.....<br>DIRECTOR DATA ENGINEERING     | 22.00<br>.....<br>18.00  |   |                       |         |              | X                            |        | 108,576   | 88,835   | 50,900  |
| ANDREW G MCDONALD<br>.....<br>DEPUTY GENERAL COUNSEL         | 26.80<br>.....<br>13.20  |   |                       |         |              | X                            |        | 135,048   | 66,516   | 44,091  |
| MICHAEL PATOCK<br>.....<br>INVESTMENT OFFICER                | 2.80<br>.....<br>37.20   |   |                       |         |              | X                            |        | 14,953  | 198,668  | 27,720  |
| RICHARD PLOCINIK<br>.....<br>DIRECTOR OF ENTERPRISE PROJECTS | 20.80<br>.....<br>0.00   |   |                       |         |              | X                            |        | 135,119   | 62,215   | 41,377  |
| SHEKHAR MEHTA END 63022<br>.....<br>PAST PRESIDENT           | 20.00<br>.....<br>0.00   |   |                       |         |              |                              | X      | 141,394   | 0  | 8,330   |

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2022**  
**Open to Public Inspection**

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

**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 |
|--|-------------------------|------------------------------|
| <b>1</b> Total number at end of year . . . . .             |                         |                              |
| <b>2</b> Aggregate value of contributions to (during year) |                         |                              |
| <b>3</b> Aggregate value of grants from (during year)      |                         |                              |
| <b>4</b> 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 an 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 Year |
|---|-----------------------------|
| <b>a</b> Total number of conservation easements . . . . .   | <b>2a</b>                   |
| <b>b</b> Total acreage restricted by conservation easements . . . . .   | <b>2b</b>                   |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .   | <b>2c</b>                   |
| <b>d</b> Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . . | <b>2d</b>                   |

**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 FASB 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 FASB 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 FASB 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 |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> Ending balance . . . . .                |        |
- 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 in 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Term endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      | 2,230,725                       |                              | 2,230,725      |
| <b>b</b> Buildings . . . . .   |                                      | 83,662,981                      | 65,046,417                   | 18,616,564     |
| <b>c</b> Leasehold improvements  |                                      | 13,143,825                      | 7,892,924                    | 5,250,901      |
| <b>d</b> Equipment . . . . .   |                                      | 84,510,051                      | 55,607,174                   | 28,902,877     |
| <b>e</b> Other . . . . .   |                                      | 58,573                          | 44,242                       | 14,331         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 55,015,398     |

**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<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                       |                |  |
| (2) Closely-held equity interests . . . . .                               |                |  |
| (3) Other _____   |                |  |
| (A) ALTERNATIVE INVESTMENTS   | 12,357,758     | F  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 12,357,758     |  |

**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:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1)  |                |  |
| (2)  |                |  |
| (3)  |                |  |
| (4)  |                |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| (10)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.) |                |  |

**Part IX Other Assets.**

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) |                |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |





# Additional Data

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

## Supplemental Information

| Return Reference | Explanation  |
|------------------|--|
| 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 2023 AND 2022. 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 STATEMENTS OF ACTIVITIES IN THE CONSOLIDATED FINANCIAL STATEMENTS NOR THE CONSOLIDATED FINANCIAL STATEMENTS; HOWEVER, THE LAST THREE TAXABLE YEARS REMAIN OPEN TO FEDERAL AND STATE AUDIT. |

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

**2022**

**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.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in 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 |
|---|-------------------------------------|--|--|--|--|
| ( 1 ) See Add'l Data  |                                     |  |  |  |  |
| ( 2 )   |                                     |  |  |  |  |
| ( 3 )   |                                     |  |  |  |  |
| ( 4 )   |                                     |  |  |  |  |
| ( 5 )   |                                     |  |  |  |  |
| <b>3a</b> Sub-total . . . . .                               | 8                                   | 149  |  |  | 13,062,347   |
| <b>b</b> Total from continuation sheets to Part I . . . . . | 0                                   | 0  |  |  | 0  |
| <b>c Totals</b> (add lines 3a and 3b)                       | 8                                   | 149  |  |  | 13,062,347   |

**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) |
|----------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| ( 1)                       |  |            |                      |                          |                                 |                                  |                                       |   |
| ( 2)                       |  |            |                      |                          |                                 |                                  |                                       |   |
| ( 3)                       |  |            |                      |                          |                                 |                                  |                                       |   |
| ( 4)                       |  |            |                      |                          |                                 |                                  |                                       |   |

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.

| <b>(a)</b> Type of grant or assistance | <b>(b)</b> Region | <b>(c)</b> Number of recipients | <b>(d)</b> Amount of cash grant | <b>(e)</b> Manner of cash disbursement | <b>(f)</b> Amount of noncash assistance | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Method of valuation (book, FMV, appraisal, other) |
|--|-------------------|---------------------------------|---------------------------------|--|---|--|--|
| ( 1 )                                  |                   |                                 |                                 |  |   |  |  |
| ( 2 )                                  |                   |                                 |                                 |  |   |  |  |
| ( 3 )                                  |                   |                                 |                                 |  |   |  |  |
| ( 4 )                                  |                   |                                 |                                 |  |   |  |  |
| ( 5 )                                  |                   |                                 |                                 |  |   |  |  |
| ( 6 )                                  |                   |                                 |                                 |  |   |  |  |
| ( 7 )                                  |                   |                                 |                                 |  |   |  |  |
| ( 8 )                                  |                   |                                 |                                 |  |   |  |  |
| ( 9 )                                  |                   |                                 |                                 |  |   |  |  |
| ( 10 )                                 |                   |                                 |                                 |  |   |  |  |
| ( 11 )                                 |                   |                                 |                                 |  |   |  |  |
| ( 12 )                                 |                   |                                 |                                 |  |   |  |  |
| ( 13 )                                 |                   |                                 |                                 |  |   |  |  |
| ( 14 )                                 |                   |                                 |                                 |  |   |  |  |
| ( 15 )                                 |                   |                                 |                                 |  |   |  |  |
| ( 16 )                                 |                   |                                 |                                 |  |   |  |  |
| ( 17 )                                 |                   |                                 |                                 |  |   |  |  |
| ( 18 )                                 |                   |                                 |                                 |  |   |  |  |

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No

**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.

**990 Schedule F, Supplemental Information**

| Return Reference            | Explanation |
|-----------------------------|-------------|
| PART III ACCOUNTING METHOD: |             |

## 990 Schedule F, Supplemental Information

| Return Reference | Explanation  |
|------------------|--|
| PART I, LINE 3   | THE AMOUNTS REPORTED IN SCHEDULE F WERE DETERMINED USING THE ACCRUAL METHOD OF ACCOUNTING. |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-1707667

**Name:** ROTARY INTERNATIONAL

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

| (a) Region                             | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| EAST ASIA AND THE PACIFIC              | 3                                   | 17  | PROGRAM SERVICES   | MEMBER SUPPORT   | 1,446,061                         |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 1                                   | 24  | PROGRAM SERVICES   | MEMBER SUPPORT   | 6,906,837                         |



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

| (a) Region    | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| SOUTH AMERICA | 2                                   | 8   | PROGRAM SERVICES   | MEMBER SUPPORT   | 628,287                           |
| SOUTH ASIA    | 1                                   | 22  | PROGRAM SERVICES   | MEMBER SUPPORT   | 1,817,609                         |

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------|-------------------------------------|---|--|--|-----------------------------------|
| SOUTH ASIA | 1                                   | 78  | PROGRAM SERVICES   | IT SUPPORT   | 2,263,553                         |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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...
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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL, 32-3245072, 501(C)(3), 80,039, 0, POLIOPPLUS 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

**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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1)                             |                          |                          |                                  |   |                                       |
| (2)                             |                          |                          |                                  |   |                                       |
| (3)                             |                          |                          |                                  |   |                                       |
| (4)                             |                          |                          |                                  |   |                                       |
| (5)                             |                          |                          |                                  |   |                                       |
| (6)                             |                          |                          |                                  |   |                                       |
| (7)                             |                          |                          |                                  |   |                                       |

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

| Return Reference | Explanation  |
|------------------|--|
| PART I, LINE 2:  | ROTARY INTERNATIONAL ISSUED ONE GRANT IN FISCAL YEAR ENDED 30 JUNE 2023 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 POLIOPPLUS 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2022

**Open to Public Inspection**

Name of the organization  
ROTARY INTERNATIONAL

Employer identification number  
36-1707667

**Part I Questions Regarding Compensation**

|   |   | Yes   | No |  |  |
|---|---|---|----|--|--|
| <p><b>1a</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel<br/> <input checked="" type="checkbox"/> Travel for companions<br/> <input checked="" type="checkbox"/> Tax idemnification and gross-up payments<br/> <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use<br/> <input type="checkbox"/> Payments for business use of personal residence<br/> <input checked="" type="checkbox"/> Health or social club dues or initiation fees<br/> <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table> | <input checked="" type="checkbox"/> First-class or charter travel<br><input checked="" type="checkbox"/> Travel for companions<br><input checked="" type="checkbox"/> Tax idemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account   | <input checked="" type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input checked="" type="checkbox"/> Health or social club dues or initiation fees<br><input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |    |  |  |
| <input checked="" type="checkbox"/> First-class or charter travel<br><input checked="" type="checkbox"/> Travel for companions<br><input checked="" type="checkbox"/> Tax idemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account   | <input checked="" type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input checked="" type="checkbox"/> Health or social club dues or initiation fees<br><input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |   |    |  |  |
| <p><b>b</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</p>  | <b>1b</b>   | Yes   |    |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . . . . .</p>  | <b>2</b>  | Yes   |    |  |  |
| <p><b>3</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee<br/> <input checked="" type="checkbox"/> Independent compensation consultant<br/> <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract<br/> <input checked="" type="checkbox"/> Compensation survey or study<br/> <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>  | <input checked="" type="checkbox"/> Compensation committee<br><input checked="" type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations   | <input type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee   |    |  |  |
| <input checked="" type="checkbox"/> Compensation committee<br><input checked="" type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations   | <input type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee   |   |    |  |  |
| <p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>  | <b>4a</b>   |   | No |  |  |
|   | <b>4b</b>   |   | No |  |  |
|   | <b>4c</b>   |   | No |  |  |
| <p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>  | <b>5a</b>   |   | No |  |  |
|   | <b>5b</b>   |   | No |  |  |
| <p><b>6</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>   | <b>6a</b>   |   | No |  |  |
|   | <b>6b</b>   |   | No |  |  |
| <p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .</p>   | <b>7</b>  |   | No |  |  |
| <p><b>8</b> 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 . . . . .</p>   | <b>8</b>  |   | No |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>  | <b>9</b>  |   |    |  |  |



**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.

| Return Reference   | Explanation  |
|--|--|
| FORM 990, SCHEDULE J, PART I, LINE 1A - FIRST CLASS TRAVEL | UNCOMPENSATED VOLUNTEER LEADERS CONDUCT EXTENSIVE INTERNATIONAL TRAVEL ON BEHALF OF THE ORGANIZATION. ROTARY INTERNATIONAL PROVIDES BUSINESS-CLASS AIRFARE FOR THE BOARD OF DIRECTORS AND THE GENERAL SECRETARY. BUSINESS-CLASS TRAVEL IS AVAILABLE IN MOST MARKETS, BUT IF IT IS NOT, FIRST-CLASS OR ECONOMY AIRFARES ARE SUBSTITUTED. THE PRESIDENT AND PRESIDENT-ELECT ARE PERMITTED TO USE FIRST-CLASS TRAVEL, ALTHOUGH THEY MAY CHOOSE BUSINESS-CLASS OR ECONOMY. |

**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.

| <b>Return Reference</b>   | <b>Explanation</b>   |
|---|--|
| FORM 990, SCHEDULE J, PART I LINE 1A - HOUSING ALL. OR RES. FOR PERSONAL US | 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. |



**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.

| Return Reference  | Explanation   |
|---|---|
| FORM 990, SCHEDULE J, PART 1, LINE 1A - TRAVEL FOR COMPANIONS | ROTARY INTERNATIONAL PROVIDES FOR SPOUSE TRAVEL IF SPOUSE PARTICIPATION ASSISTS THE ORGANIZATION IN ACHIEVING ITS MISSION. THE ROTARIAN AND SPOUSE ARE REQUIRED TO SUBMIT DOCUMENTATION DETAILING THE ACTIVITIES AND SUPPORTING THE BONA FIDE BUSINESS PURPOSE OF THE TRAVEL. MANAGEMENT REVIEWS THE DOCUMENTATION DURING THE EXPENSE REIMBURSEMENT APPROVAL PROCESS. |

**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.

| Return Reference  | Explanation   |
|---|---|
| FORM 990, SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS UP PA | 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.

| Return Reference   | Explanation  |
|--|--|
| FORM 990, SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES | 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. |

**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.

| Return Reference  | Explanation  |
|---|--|
| FORM 990, SCHEDULE J, PART I, LINE 1A - PERSONAL SERVICES | FOR ANY PRESIDENT OF ROTARY INTERNATIONAL, WHO IS NOT A UNITED STATES CITIZEN, EXPENSES RELATED TO INCOME TAX PREPARATION ARE INCLUDED UNDER THE ROTARY CODE OF POLICY. THESE EXPENSES ARE TAXABLE TO THE RECIPIENT. |

**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.

| Return Reference   | Explanation  |
|--|--|
| FORM 990, SCHEDULE J, PART I LINE 1A - HIGHEST COMPENSATED EMPLOYEES | ROTARY INTERNATIONAL HAS A HIGHEST COMPENSATED EMPLOYEE AT ITS OFFICE IN ZURICH, SWITZERLAND, WHICH IS CURRENTLY UNDISCLOSED DUE TO POTENTIAL INFRINGEMENT OF LOCAL DATA PRIVACY LAWS. SALARIES FOR STAFF AT THE INTERNATIONAL OFFICES ARE ESTABLISHED IN THEIR LOCAL CURRENCY AND TRANSLATED TO US DOLLARS FOR REPORTING PURPOSES, RESULTING IN POTENTIALLY LARGE FLUCTUATIONS IN THE US DOLLAR REPORTABLE EQUIVALENT FOR COMPENSATION. |

**Additional Data**

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

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A) Name and Title                                    |      | (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|---|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base Compensation   | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1JOHN HEWKO<br>CHIEF EXECUTIVE OFFICER                | (i)  | 379,387   | 0                                   | 0                                   | 23,735   | 16,935                  | 420,057                         | 0   |
|   | (ii) | 222,814   | 0                                   | 0                                   | 13,940   | 9,947                   | 246,701                         | 0   |
| 1MICHELE BERG<br>DEPUTY GENERAL SECRETARY             | (i)  | 218,054   | 0                                   | 3,965                               | 23,735   | 22,287                  | 268,041                         | 0   |
|   | (ii) | 128,063   | 0                                   | 2,329                               | 13,940   | 13,090                  | 157,422                         | 0   |
| 2ERIC JONES<br>CHIEF INVESTMENT OFFICER               | (i)  | 24,163  | 0                                   | 444                                 | 2,637  | 2,156                   | 29,400                          | 0   |
|   | (ii) | 321,029   | 0                                   | 5,896                               | 35,038   | 28,650                  | 390,613                         | 0   |
| 3JULIE BURKE<br>CHIEF FINANCIAL OFFICER               | (i)  | 149,085   | 0                                   | 2,695                               | 18,461   | 16,393                  | 186,634                         | 0   |
|   | (ii) | 155,170   | 0                                   | 2,805                               | 19,214   | 17,064                  | 194,253                         | 0   |
| 4JAMES BARNES<br>CHIEF PROGRAMS & MEMBER SERVICES OFF | (i)  | 218,474   | 0                                   | 4,056                               | 28,494   | 19,239                  | 270,263                         | 0   |
|   | (ii) | 65,258  | 0                                   | 1,212                               | 8,511  | 5,747                   | 80,728                          | 0   |
| 5DAVID ALEXANDER<br>CHIEF COMMUNICATIONS OFFICER      | (i)  | 222,810   | 0                                   | 4,111                               | 30,915   | 28,572                  | 286,408                         | 0   |
|   | (ii) | 39,319  | 0                                   | 726                                 | 5,456  | 5,041                   | 50,542                          | 0   |
| 6PAUL HAISMAN<br>CHIEF INFORMATION OFFICER            | (i)  | 150,273   | 0                                   | 0                                   | 14,479   | 16,943                  | 181,695                         | 0   |
|   | (ii) | 122,951   | 0                                   | 0                                   | 11,847   | 13,863                  | 148,661                         | 0   |
| 7STEVEN ROUTBURG<br>GENERAL COUNSEL                   | (i)  | 202,117   | 0                                   | 3,787                               | 28,996   | 17,945                  | 252,845                         | 0   |
|   | (ii) | 47,411  | 0                                   | 888                                 | 6,801  | 4,208                   | 59,308                          | 0   |
| 8KRISTOPHER NEWBAUER<br>CHIEF HUMAN RESOURCES OFFICER | (i)  | 143,072   | 0                                   | 2,416                               | 16,345   | 6,455                   | 168,288                         | 0   |
|   | (ii) | 117,059   | 0                                   | 1,977                               | 13,373   | 5,280                   | 137,689                         | 0   |
| 9THOMAS THORFINNSON<br>CHIEF STRATEGY OFFICER         | (i)  | 161,913   | 0                                   | 1,811                               | 22,934   | 7,851                   | 194,509                         | 0   |
|   | (ii) | 91,076  | 0                                   | 1,019                               | 12,900   | 4,416                   | 109,411                         | 0   |
| 10JONATHAN SOUTH<br>INVESTMENT OFFICER                | (i)  | 13,546  | 0                                   | 0                                   | 1,372  | 2,645                   | 17,563                          | 0   |
|   | (ii) | 179,965   | 0                                   | 0                                   | 18,226   | 35,129                  | 233,320                         | 0   |
| 11ANAND RAMAKRISHNAN<br>DIRECTOR DATA ENGINEERING     | (i)  | 108,576   | 0                                   | 0                                   | 10,470   | 17,525                  | 136,571                         | 0   |
|   | (ii) | 88,835  | 0                                   | 0                                   | 8,566  | 14,339                  | 111,740                         | 0   |
| 12NORA ZEI<br>CHIEF PARTICIPANT EXPERIENCE OFFICER    | (i)  | 177,534   | 0                                   | 0                                   | 16,950   | 8,483                   | 202,967                         | 0   |
|   | (ii) | 39,297  | 0                                   | 0                                   | 3,754  | 1,864                   | 44,915                          | 0   |
| 13ANDREW G MCDONALD<br>DEPUTY GENERAL COUNSEL         | (i)  | 132,588   | 0                                   | 2,460                               | 21,818   | 7,723                   | 164,589                         | 0   |
|   | (ii) | 65,304  | 0                                   | 1,212                               | 10,746   | 3,804                   | 81,066                          | 0   |
| 14MICHAEL PATOCK<br>INVESTMENT OFFICER                | (i)  | 14,681  | 0                                   | 272                                 | 1,940  | 0                       | 16,893                          | 0   |
|   | (ii) | 195,049   | 0                                   | 3,619                               | 25,780   | 0                       | 224,448                         | 0   |
| 15RICHARD PLOCINIK<br>DIRECTOR OF ENTERPRISE PROJECTS | (i)  | 129,089   | 0                                   | 6,030                               | 15,073   | 12,309                  | 162,501                         | 0   |
|   | (ii) | 61,151  | 0                                   | 1,064                               | 8,128  | 5,867                   | 76,210                          | 0   |
| 16 SHEKHAR MEHTA END 63022<br>PAST PRESIDENT          | (i)  | 141,394   | 0                                   | 0                                   | 0  | 8,330                   | 149,724                         | 0   |
|   | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |

**SCHEDULE O**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2022****Open to Public  
Inspection**Name of the organization  
ROTARY INTERNATIONAL

Employer identification number

36-1707667

**990 Schedule O, Supplemental Information**

| Return Reference                 | Explanation   |
|----------------------------------|---|
| FORM 990,<br>PART V,<br>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. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------------|--|
| PART V,<br>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 1B AS CONTRIBUTION REVENUE. AS SUCH, ROTARY INTERNATIONAL DOES NOT DIRECTLY PROVIDE AN EXPRESS STATEMENT. |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                       | <b>Explanation</b>   |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 6 | THE MEMBERSHIP OF ROTARY INTERNATIONAL CONSISTS OF ROTARY CLUBS ORGANIZED AND OPERATING IN ACCORDANCE WITH THE RI CONSTITUTION AND BYLAWS. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>               | <b>Explanation</b>  |
|---------------------------------------|---|
| 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. |

## 990 Schedule O, Supplemental Information

| Return Reference                       | Explanation  |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11B | ROTARY INTERNATIONAL'S FORM 990 IS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM. A DRAFT OF THE FORM 990 IS REVIEWED BY THE DIRECTOR OF FINANCE AND THE CHIEF FINANCIAL OFFICER. UPON COMPLETION OF THE REVIEW PROCESS, THE RETURN IS PROVIDED TO THE BOARD OF DIRECTORS, SIGNED BY THE CFO AND FILED WITH THE IRS. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                | <b>Explanation</b>   |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>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.</p> |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>               | <b>Explanation</b>  |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION B, LINE 15 | THE PROCESS FOR DETERMINING COMPENSATION FOR THE GENERAL SECRETARY, DEPUTY GENERAL SECRETARY AND GENERAL MANAGERS IS REVIEWED ANNUALLY. RI'S GLOBAL PEOPLE & TALENT TEAM COLLECTS DATA ON TOTAL COMPENSATION (IE BASE SALARY AND BENEFITS) FROM SEVERAL SOURCES, INCLUDING INDEPENDENT COMPENSATION CONSULTANTS, SALARY SURVEYS, PROFESSIONAL PUBLICATIONS, AND INFORMATION FROM SIMILAR ORGANIZATIONS IN THE SAME GEOGRAPHIC AREA. PEOPLE & TALENT PROVIDES A SALARY RANGE FOR THE GENERAL SECRETARY, DEPUTY GENERAL SECRETARY, AND GENERAL MANAGERS POSITIONS AND THE OPERATIONS REVIEW COMMITTEE (ACTING AS A COMPENSATION ADVISORY COMMITTEE) AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEW SALARY RANGES AND SALARY INCREASE PARAMETERS FOR REASONABLENESS. THE GENERAL SECRETARY'S COMPENSATION IS BASED ON THE TERMS IN THE GENERAL SECRETARY'S CONTRACT. THE GENERAL SECRETARY APPROVES SALARY INCREASES FOR THE EXECUTIVE MANAGEMENT TEAM WITHIN THE SALARY RANGES APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THIS PROCESS IS CONTEMPORANEOUSLY DOCUMENTED. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b>   |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION C,<br>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. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>          | <b>Explanation</b>   |
|----------------------------------|--|
| FORM 990,<br>PART VII,<br>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. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>          | <b>Explanation</b>  |
|----------------------------------|---|
| FORM 990,<br>PART XI,<br>LINE 9: | PPH NET INCOME 320,914. INFOTECH ADJUSTMENT 398,346. INFOTECH CURRENT YEAR CURRENCY ADJUSTMENT 158,214. |



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

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)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| <b>(1)</b> THE ROTARY FDT OF ROTARY INTERNATIONAL<br>1560 SHERMAN AVENUE<br><br>EVANSTON, IL 602013698<br>36-3245072 | CHARITABLE              | IL   | 501(C)(3)                  | 7   | ROTARY INTERNATIONAL             | Yes  |    |
| <b>(2)</b> ROTARY INTERNATIONAL HOLDINGS NFP<br>1560 SHERMAN AVENUE<br><br>EVANSTON, IL 602013698<br>32-0515763      | CHARITABLE              | IL   | 501(C)(3)                  | 10  | ROTARY INTERNATIONAL             | Yes  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |

**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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|--|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|  |                         |  |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| <b>(1)</b> ROTARY INTERNATIONAL INFOTECH PVT LTD<br>6TH FLOOR BUILDING BETA II GIGA S<br>PUNE, MAHARASHTRA 411014<br>IN 98-1050532 | IT SUPPORT              | IN   | ROTARY INTERNATIONAL             | RELATED   | 198,646                      | 3,571,943                          |                                      | No |  | Yes                                 |    | 99.990 %                    |
|  |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|  |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|  |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|  |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|  |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|  |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|  |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| <b>(1)</b> PPH NATIONAL INSURANCE CO<br>76 ST PAUL STREET SUITE 500<br>BURLINGTON, VT 05041<br>03-0370108 | CAPTIVE INSURANCE       | VT   | ROTARY INTERNATIONAL             | C  | 320,914                      | 5,024,451                          | 100.000 %                   | Yes  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |

**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 |
|--|-----|----|
| <b>1</b> 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? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               |     | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | Yes |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   |     | No |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | No |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | No |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | Yes |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | Yes |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | Yes |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | Yes |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | Yes |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | No |

**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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| See Additional Data Table           |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |



**Part VII**    **Supplemental Information**

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

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|                         |                    |

## Additional Data

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

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

| <b>(a)</b><br>Name of related organization | <b>(b)</b><br>Transaction type(a-s) | <b>(c)</b><br>Amount Involved | <b>(d)</b><br>Method of determining amount involved |
|--|-------------------------------------|-------------------------------|---|
| THE ROTARY FDT OF ROTARY INTERNATIONAL     | B                                   | 80,039                        | COST  |
| THE ROTARY FDT OF ROTARY INTERNATIONAL     | N                                   | 2,168,182                     | COST  |
| THE ROTARY FDT OF ROTARY INTERNATIONAL     | O                                   | 34,474,035                    | COST  |
| ROTARY INTERNATIONAL INFOTECH PVT LTD      | P                                   | 2,205,260                     | COST  |
| PPH NATIONAL INSURANCE CO                  | Q                                   | 84,972                        | COST  |
| THE ROTARY FDT OF ROTARY INTERNATIONAL     | Q                                   | 27,070,600                    | COST  |
| PPH NATIONAL INSURANCE CO                  | R                                   | 910,099                       | COST  |
| PPH NATIONAL INSURANCE CO                  | O                                   | 238,022                       | COST  |