	'							OMB No. 1545-0687
Form 990)-T	•	ot Organization Business Ir		0.7	tax under section '01 , 2010, and	6033(e))	201 0
Department of the	Treasury		For calendar year 2010 or other tax y				-	Open to Public Inspection for 501(c)(3) Organizations Only
Internal Revenue Se			ending 06/30, 201 Name of organization (Check b					yer identification number
A Check	changed		I value of digalization (OX II Hall	ile dilanged and sub-incodesion	,	(Employe page 9.)	es' trust, see instructions for Block D on
			THE ROTARY FOUNDAT	TON (OF ROTARY INTERN	ATIONAL	pogramy	
B Exempt under X 501(C)		Print	Number, street, and room or suite no.				36-32	245072
408(e)	220(e)	or						ted business activity codes
	530(a)	Type	1560 SHERMAN AVENU	E			(See ins	structions for Block E on page 9.)
408A L 529(a)			City or town, state, and ZIP code					
C Book value of	all assets		EVANSTON, IL 60201	-369	8		52599	90
at end of year		F Gro	up exemption number (See instruc					
852.456	.442.	C Cha	all arganization type X 50	1/c) co	poration 501(c) trust	401(a)	trust Other trust
H Describe th	e organiz	ration's p	rimary unrelated business activity.	▶ IN	VESTMENT INCOME	AND ADVER	TISING	REVENUE
1 During the	tay vear	was the	corporation a subsidiary in an affi	liated g	roup or a parent-subsidiary o	ontrolled group?		▶ Yes X No
If "Yes." en	ter the na	me and	identifying number of the parent of	orporation	on. 🕨			
J. The books:	are in care	e of ▶	GEOFFREY C. WOIE, C	ONTRO	OLLER Telephon	e number 🕨 (847)86	6-3000
			or Business Income		(A) Income	(B) Exper		(C) Net
1a Gross re								
	s and allowa		c Balance	1 c				
			ule A, line 7)					
	-		2 from line 1c	1				
•			attach Schedule D)					<u> </u>
	_		Part II, line 17) (attach Form 4797)					
_			trusts	1.			di dan	
-			ps and S corporations (attach statement	- 1	-499.	ATCH		-499.
			come (Schedule E)	- 1				
			ties, and rents from controlled		İ			
		-		L				· · · · · · · · · · · · · · · · · · ·
			section 501(c)(7), (9), or (17)					
organiza	ation (Sch	edule G)		9				4.050
			ncome (Schedule I)		4,050	<u>-</u> .	0.	
			dule J)		27,668.	mas Levision en El Di	0.	27,668.
12 Other in	come (Se	e page 10	of the instructions; attach schedule.)	12				31,219.
13 Total C	ombine li	nes 3 thr	ough 12	13	31,219.		0.	
Part II D	eduction	ons No	t Taken Elsewhere (See pa	ige 11	of the instructions to	r limitations o	on aeauc	ctions.) (Except for
			eductions must be directly					<u>T</u>
			directors, and trustees (Schedule F				1	
19 Taxes a	nd license	s					19	34.
			See page 13 of the instructions for				0. 20	
21 Depreci	ation (att	ach Form	1 4562) .				22b	0.
			d on Schedule A and elsewhere on					
23 Depletion	on				• • • • • • • • • • • • •		• •	-
			compensation plans					
			ıs				• •	0.
			(Schedule I)					+
			Schedule J)				••	
			schedule)					34.
29 Total de	eductions	. Add line	es 14 through 28				• • -	31,185.
			le income before net operating lo					,
31 Net ope	erating los	s deduct	tion (limited to the amount on line	30)			• • –	31,185.
			le income before specific deducti					1 000
33 Specific	c deductio	n (Gene	rally \$1,000, but see line 33 instru	ictions 1	or exceptions.)			, , , , , , , , , , , , , , , , , , , ,
34 Unrelat	ed busin	ess taxal	ble income. Subtract line 33 from	iine 32	. n tine 33 is greater th an tir			30,185.
enter th	re smaller	of zero o	or line 32	<u></u>	 <u> </u>	<u> </u>	34	C 990-T (2010

	Tax Computation				
Par	16 an ango 16				
35					
	Controlled group members (sections 1561 and 1563) check here See instructions and:				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (2) \$ (3) \$				
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$	-			
b	(2) Additional 3% tax (not more than \$100,000)	ĺ		4,52	ρ
_		35c		3,32	<u> </u>
С 36	Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on	- [
30	the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)	36			.
	Proxy tax. See page 16 of the instructions	37			
37	Alternative minimum tax	38		4,52	, n
38 39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies.	39		4,52	. 0 .
	t IV Tax and Payments				
40 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)				
_	Other credits (see page 16 of the instructions)				
b	General business credit. Attach Form 3800.	. 1			
- C	- us to the second seco	.			
d	Total credits. Add lines 40a through 40d	40e		4,52	20
. e		41		4,32	20.
41	Subtract line 40e from line 39	42		4,52	20
42	With a 22 and 24 and 24 and 25	43		4,52	-0-
43	44a	.			
4.4 a	2010 estimated tax payments				
	144C1				
C	144d 14	3			
d	448 1				
e	Credit for small employer health insurance premiums (Attach Form-8941)	T. 6.7.			
T		N. S			
g	Officer Total 44g	T.		17 Q'	9.1
	The sum and Add lines 44a through 44a	45		17,9	21:
45 48	Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached	46			~~
46 47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	<u> </u>	13,3	93
48	Overprovement, If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48		19/5	
49	An and treat the state of the s	49	h- 17\		
Pa	Demonstrate Cortain Activities and Other Information (see histochor)	s on pag	inencial	V [No_
1		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ies [
	the requirement of the foreign country? If YES, the organization may have to the Forth 121 50-22.17,	(chair oi	, 0.0.g.i	X,	
	The state of the party of the foreign country nere > 312 Attraction is		}		Х
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfer to, a special	gir austr			7.5
	If VES, see page 5 of the instructions for other forms the organization may have to file.		- 1		- :
.3	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
Scl	hedule A - Cost of Goods Sold. Enter method of inventory valuation >	6			
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor Part I, line 2.	7			
4 a	Additional section 263A Costs	ith rest	ect to	Yes	No
	(attach schedule)				
ì	Other costs (attach schedule) , 170				X
5	Total. Add lines 1 (nrough 40 . 5	of my know	viedge and b	elief, it k	s true
	correct, and complete. Declaration of preparer (other than taxpayer) to see	av the IR	S discuss	this reli	um
Sig	In CFO	th the p	rep <u>arer</u> shu	own be	low
He	re L. O. CARLSON) 4/30/2 CEO Title (s	ae instruction	15)7 X Ye	28	No
	Signature of officer /	k i	PTIN		
Pai	Printy Type Preparer a name	employed		0418	
	PANTEL ROMANO PHOPMEN I.I.P		36-605		
	Firm's name GRANT THORNTON HIDE		312-85		
	e Only Firm's address > 175 W. JACKSON BLVD. STE. 2000 Phon		Form 9	90-T (2010
	Chicago, in 60003				

Schedule C - Rent Incom (see instructions on page		perty a	nd Personal Prope	rty	Leased Wi	th Real Prope	erty)	
1. Description of property								
(1)						***		
(2)	-							
(3)						7.		
(4)					·			
` ′	2. Rent received	or accru	ed					
(a) From personal property (if the for personal property is more th more than 50%)	nan 10% but not	percenta	rom real and personal prop age of rent for personal pro if the rent is based on pro	perty	exceeds			nected with the income) (attach schedule)
(1)								
(2)					-			
(3)			· 					
(4)								
		otal						<u>-</u> -
Total c) Total income. Add totals of c			-			(b) Total deduc		
here and on page 1, Part I, line 6						Enter here and o Part I, line 6, colu		•
Schedule E - Unrelated D			o instructions on no			Tarti, into o, dole	307	
Schedule E - Unrelated D	ept-rinanced inc	ome (se	e instructions on pa	ge i		ections directly con-	nected with	or allocable to
4. Description of de	ebt-financed property		Gross income from allocable to debt-finance			debt-finance	d property	
1. Description of de	sut-financed property		property		(a) Straight	line depreciation schedule)		Other deductions (attach schedule)
·					(21180)	3010001C)		(2.1.2.2)
(1)			 					
(2)		<u></u>						
(3)								
(4)	<u>,</u>					··		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted of or allocable debt-financed pro (attach schedul	to perty	6. Column 4 divided by column 5			ome reportable x column 6)	8. A (colum	Illocable deductions in 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)	<u> </u>			%				
(4)				%		-		
Fotals	tions included in colu	 mn 8		▶	Part I, line 7	and on page 1, , column (A).	Part I,	here and on page 1, line 7, column (B).
Schedule F - Interest, An	nuities, Royalties	, and R	ents From Contro	lled	Organizat	ions (see instru	uctions o	n page 20)
		E	cempt Controlled Or	ganiz	zations			
Name of controlled organization	2. Employer identification numb		3. Net unrelated income (loss) (see instructions)	4. T	otal of specified syments made	5. Part of colum included in the organization's gro	controlling	6. Deductions directly connected with income in column 5
(1)								
(2)				<u></u>				ļ
(3)								
4)								
Nonexempt Controlled Orga	nizations						-	
7. Taxable Income	8. Net unrelated i (loss) (see instruc		9. Total of specific payments made	d	includ	rt of column 9 that is ed in the controlling ation's gross income	CO	Deductions directly nnected with income in column 10
1)								
2)								
(3)							!	
(4)								
)	<u> </u>	•••			Enter here	nns 5 and 10. and on page 1, 8, column (A).	Ente	columns 6 and 11. r here and on page 1, I, line 8, column (B).

Form 990-T (2010)

1. Description of lincome 2. Amount of Income (starts schedule) (st	leduction -
(2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Schedule 1 - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21) 1. Description of exploited activity 2. Cross income of the income of	deductions sides (col. 3 col. 4)
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21) 1. Description of exploited activity Income, Other Than Advertising Income (see instructions on page 21) 1. Description of exploited activity Income, Other Than Advertising Income (see instructions on page 21) 1. Description of exploited activity Income, Other Than Advertising Income (see instructions on page 21) 1. Description of exploited activity Income, Other Than Advertising Income (see instructions on page 21) 2. Gross income in continuous activity Income, Income	
(4) Enter here and on page 1. Part I, line 9, odumm (A). Schedule 1 - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21) 1. Description of exploited activity Incomes and the second of the second o	
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Enter here and on page 1, Part I, line 9, column (A) Totals Schedule 1 - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21) 1. Description of exploited activity 2. Gross turning to the following the part I, line 1 (1, out (A)	
Schedule 1 - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21) 1. Description of exploited activity income of exploited activity in control of exploited activity	and on page 1 I, column (B).
1. Description of exploited activity business income business	
1. Description of exploited activity business income from tracted with business income from tracted with business income from tracted business income from tracted with business income from tracted with business income from tracted business income from tracted with business income from tracted business income from tracted with business income from page 1, Part 1, line 10, cot (A). 1. Totals	
(4) Enter here and on page 1, Part 1, line 10, col. (A). Impage 1, Part 1, line 10, col. (B). 4, 0550. O. Schedule J - Advertising Income (see instructions on page 21) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising Income advertising costs advertising costs advertising costs advertising costs advertising advertising costs advertising on page 21) Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill Income From Periodical Seported on a Separate Basis (For each periodical listed in Part II, fill Income From Periodical Seported on a Separate Basis (For each periodical listed in Part II, fill Income From Periodical Seported on a Separate Basis (For each periodical listed in Part II, fill Income From Periodical Seported on a Separate Basis (For each periodical listed in Part II, fill Income From Periodical Seported on a Separate Basis (For each periodical listed in Part II, fill Income From Periodical Seported on a Separate Basis (For each periodical listed in Part II, fill Income From Periodical Seported on a Separate Basis (For each periodical listed in Part II, fill Income From Periodical Seported on a Separate Basis (For each periodical listed in Part II, fill Income From Periodical Separate Basis (For each periodical listed in Part II, fill Income From Periodical Separate Basis (For each periodical listed in Part II, fill Income From Periodical Separate Basis (For each periodical listed in Part II, fill Income From Periodical Separate Basis (For each periodical listed in Part II, fill Income From Periodical Separate Basis (For each periodical listed in Part II, fill Income From Periodical Separate Basis (For each periodical listed in Part II, fill Income From Periodical Separate Basis (For each	ess exempt penses nn 6 minus n 5, but not ore than umn 4).
(2) (3) (4) Enter here and on page 1, Part 1, line 10, cot. (A). In 192 (1, cot. (B)) 4, 05.0. Schedule J - Advertising Income (see instructions on page 21) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising Income advertising costs advertising costs advertising costs advertising costs advertising costs advertising on page 21) Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill Income Income advertising costs advertising gain or (loss) (cot. 2 minus cot. 3); If a gain, compute cois 5 through 7. 1. Name of periodical seported on a Separate Basis (For each periodical listed in Part II, fill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill Income From Periodical sequence advertising gain or (loss) (cot. 2 minus cot. 3); If a gain, consulting costs advertising gain or (loss) (cot. 2 minus cot. 3); If a gain, consulting costs of (loss) (cot. 2 minus cot. 3); If a gain, consulting costs of (loss) (cot. 2 minus cot. 3); If a gain, consulting costs of (loss) (cot. 2 minus cot. 3); If a gain, consulting costs of (loss) (cot. 2 minus cot. 3); If a gain, consulting costs of (loss) (cot. 3 minus cot. 3); If a gain, consulting costs of (loss) (cot. 3 minus cot. 3); If a gain, consulting costs of (loss) (cot. 3 minus cot. 3); If a gain, consulting costs of (loss) (cot. 3 minus cot. 3); If a gain, consulting costs of (loss) (cot. 3 minus cot. 3); If a gain, consulting costs of (loss) (cot. 3 minus cot. 3); If a gain, consulting costs of (loss) (cot. 3 minus cot. 3); If a gain, consulting costs of (loss) (cot. 3 minus cot. 3); If a gain, consulting costs of (loss) (cot. 3 minus cot. 3); If a gain, consulting costs of (loss)	
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Schedule J - Advertising Income (see instructions on page 21) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical advertising advertising costs advertising	r here and page 1, II, line 26.
Income From Periodicals Reported on a Consolidated Basis	
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1. Name of periodical 2. Gross advertising costs advertising costs advertising costs income 1. Name of periodical 2. Gross advertising costs advertising costs advertising costs income 2. Gross advertising costs advertising costs advertising costs advertising costs advertising income 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs adve	
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1. Name of periodical 2. Gross advertising lncome 3. Direct advertising costs 3. Direct advertising costs 3. Direct advertising costs 2 minus col. 3). If a gain, compute cols. 5 through 7. (1) ATCH 3 27, 668. 0. 27, 668. 0. 0. 6. Readership costs minus col. 3). If a gain, compute cols. 5 through 7. (2) (3) (4) (5) Totals from Part I Enter here and on page 1, Part 1, line 11, col. (A). line 11, col. (B). 27, 668. 0. 0. Enter here and on page 1, Part 1, line 11, col. (A). Ine 11, col. (B). Part 1, line 11, col. (B). 27, 668. 0. 0. Costs minus col. 3). If a gain, compute cols. 4). If a gain,	
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Enter here and on page 1, Part I, line 11, col. (A). Totals, Part II (lines 1-5)	
I Utals, Falt II (IIIIes 1-0),	er here and n page 1, t II, line 27.
Schedule v - Compensation of Officers, Directors, and Trustees (see institutions on page 21)	
3. Percent of time devoted to unrelated busin	
business unrelated dusin	
(1) %	
(2)	
(3)	
(4)	
Total. Enter here and on page 1, Part II, line 14.	990-T (201

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. 128

Part Name o	f transferor		Identifying number (see instructions)
	ROTARY FOUNDATION OF ROTARY INTERN	ATIONAL	36-3245072
1	If the transferor was a corporation, complete questions 1a thro	ough 1d.	
а	If the transfer was a section 361(a) or (b) transfer, was the tr	ransferor controlled (under	section 368(c)) by 5
	or fewer domestic corporations?		N/A . ∐ Yes ∐ No
b	Did the transferor remain in existence after the transfer?		🛚 Yes 🗀 No
	If not, list the controlling shareholder(s) and their identifying no	umber(s):	
	Controlling shareholder	lde	ntifying number
С	If the transferor was a member of an affiliated group filin	ng a consolidated return,	was it the parent
_	corporation?		N/A . Tyes No
	If not, list the name and employer identification number (EIN)	of the parent corporation:	
	Name of parent corporation	EIN of	parent corporation
d	Have basis adjustments under section 367(a)(5) been made?		N/A . 🗆 Yes 🗆 No
u	Trave basis adjustificinis under section con (a)(o) been made.		
2	If the transferor was a partner in a partnership that was the	actual transferor (but is n	ot treated as such under section 367)
	complete questions 2a through 2d.		
a	List the name and EIN of the transferor's partnership:		
	Name of partnership	EII	N of partnership
_			
			71/7
b	Did the partner pick up its pro rata share of gain on the transfe		N/A . Yes No
C	Is the partner disposing of its entire interest in the partnershils the partner disposing of an interest in a limited partnersh	p?	
d	securities market?		
Part		ee instructions)	
3	Name of transferee (foreign corporation)	CONTACT TIME	4 identifying number, if any N/A
	MAL FIXED INCOME HOLDINGS INSTITUTI	ONAL LTD	N/A
5	Address (including country)	CDATCMITE CUAMPED	C DOAD TOWN TOPTOLA
	HARNEYS CORPORATE SERVICE LTD, PO BOX 71, Country code of country of incorporation or organization (see		S ROAD TOWN, TORTOLA
6 Vi	Country code of country of incorporation of organization (see	manuonons;	
7	Foreign law characterization (see instructions)		
	PORATION	i	□ V (7) M-
8	Is the transferee foreign corporation a controlled foreign corporation	orauon /	
For Pa	perwork Reduction Act Notice, see separate instructions.		FUIII 320 (Nev. 12*20

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/01/2010	44.7	7,525,000		
					_
Stock and				<u> </u>	
securities	<u>-</u>				
			<u> </u>		
Installment					
obligations, account					
receivables or					
similar property	<u> </u>				
Foreign currency or other property		-			
denominated in					
foreign currency	<u> </u>				
Inventory					<u> </u>
Hiveillory					
					<u> </u>
Assets subject to		<u> </u>		<u>-</u>	
depreciation recapture (see	·				
Temp. Regs. sec.					
1.367(a)-4T(b))					
Tangible property used in trade or					
business not listed		-		 	
under another	. <u></u>				
category					
Intangible	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
property					
				-	
D					
Property to be leased (as described in final	-	-			
and temp. Regs. sec.					
1.367(a)-4(c))	-				
Property to be					
sold (as				<u> </u>	
described in Temp. Regs. sec.				<u> </u>	
1.367(a)-4T(d))	<u> </u>		 -	<u> </u>	
Transfers of oil and					
gas working interests (as described in					
Temp. Regs. sec.			<u> </u>		
1.367(a)-4T(e))	ļ		<u> </u>	<u> </u>	_
Other property	<u></u>		-	 	-
			 		
			<u> </u>	<u> </u>	
Supplemental In	formation Required	To Be Reported (see ins	tructions):		
		· · · · · · · · · · · · · · · · · · ·			

transaction:

orm 92	26 (Rev. 12-2011)			Page 3
Part	Additional Information Regarding Transfer of Property (see instructions)			
9	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:			
	(a) Before0 % (b) After2 . 44 %			
10	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351			
11 a b c d	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(3)	☐ Ye	s IX s IX	No No
12 13	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:	☐ Ye	s 🛚	No
a b c d	Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations	☐ Ye	s IX s IX	No No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	☐ Ye	s 🏻	No
15a	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	☐ Ye	s 🏻] No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$			
16	Was cash the only property transferred?	⊠ Ye	s 🗆] No
17a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the	□ va	_ তি	No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the

Form 926 (Rev. 12-2011)

(Rev. January 2011)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return OMB No. 1545-1709

Internal Revenue		► File a s	separate ap	plication for each return.		
		Automatic 3-Month Extension, co	mplete on	ly Part I and check this box		▶□
 If you are: 	filing for an	Additional (Not Automatic) 3-Mon	th Extensi	ion, complete only Part II (on page	e 2 of this form).	
Do not com	olete Part II	unlessou have already been grant	ed an auto	matic 3-month extension on a previou	usly filed Form 8868	
a corporatior 8868 to req Return for ⁻ instructions).	required to uest an ext Transfers A For more o	to file Form 990-T), or an additional tension of time to file any of the i associated With Certain Personal	al (not aut forms liste I Benefit (is form, vis	u need a 3-month automatic extensiomatic) 3-month extension of time. d in Part I or Part II with the exception of the contracts, which must be sent to sit www.irs.gov/efile and click on e-formation or	. You can electronic ption of Form 8870 o the IRS in paper	ally file Form , Information r format (see
				6-month extension - check this box a	and complete	
Part I only All other corp	oorations (in			and trusts must use Form 7004 to re-		▶ X
to file income					Employer identificat	ion number
Type or	1	empt organization	-	0.12 m t 0.12 t	36-32450	
print		TARY FOUNDATION OF ROTAL			30-32430	
File by the		eet, and room or suite no. If a P.O. box,	, see instruc	uoris.		
due date for filing your		HERMAN AVENUE roote office, state, and ZIP code. For a	foreign add	race eag instructions		
return. See		•	ibreign addi	less, see that bottons.		
instructions.	EVANST	ON, IL 60201-3698				
Enter the Re	turn code fo	r the return that this application is fo	or (file a se	parate application for each return)		07
Application			Return	Application		Return
ls For			Code	Is For		Code
Form 990			01	Form 990-T (corporation)		07
Form 990-BL			02	Form 1041-A		08
Form 990-EZ	7		03	Form 4720		09
Form 990-PF		'	04	Form 5227		10
Form 990-T ((sec. 401(a)	or 408(a) trust)	05	Form 6069		11
Form 990-T (06	Form 8870		12
Telephone If the orga If this is for the whole Itst with the	No. ▶ nrization doo or a Group F group, che	I EINs of all members the extension atic 3-month (6 months for a corpor	usiness in to digit Grou it is for pal n is for. ration requi	FAX No. ► 847 328-8554 he United States, check this box p Exemption Number (GEN) rt of the group, check this box ired to file Form 990-T) extension of the anization return for the organization return for the organization	▶ ☐ and	f this is attach
for the	calendar ye tax year be	n's return for: ear 20 or ginning 07/	<u>01</u> , 20 <u>1</u>	0, and ending	06/30,20 11	
c	hange in ac	red in line 1 is for less than 12 mon ecounting period			Final return	
nonrefu	indable cre	dits. See instructions.		, or 6069, enter the tentative tax	3a \$	0.
b If this	application	n is for Form 990-PF, 990-T,	4720, or	6069, enter any refundable co	redits and	17 001
estimat c Balanc	ted tax payi	ments made, Include any prior yea tract line 3b from line 3a, Include	r overpayn your paym	nent allowed as a credit. nent with this form, if required, by us	3b \$	17,921.
(Flectro	onic Federa	l Tax Payment System). See instruc	ctions.		3c \$	0.
Caution. If	you are go	ing to make an electronic fund v	withdrawal	with this Form 8868, see Form	8453-EO and Form	8879-EO for
payment ins					C 00:	68 (Pay 4.0044)
For Paperwor	k Reduction	Act Notice, see Instructions.			Form 88	68 (Rev. 1-2011)

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

ADAMS STREET PARTNERSHIP FUND - 2007 NON-U.S. FUND	-112.
ADAMS STREET 2008 DIRECT FUND, L.P.	466.
ADAMS STREET PARTNERSHIP FUND - 2008 NON-U.S. FUND	167.
ADAMS STREET PARTNERSHIP FUND - 2008 U.S. FUND	841.
ADAMS STREET 2009 DIRECT FUND, L.P.	-185.
ADAMS STREET PARTNERSHIP FUND - 2009 NON-U.S.	0.
ADAMS STREET PARTNERSHIP FUND - 2009 NON-U.S.	-73.
ADAMS STREET PARTNERSHIP FUND - 2009 U.S. FUND	- 23.
COLLER INTERNATIONAL PARTNERS IV-D, LP	37.
INVESCO NON-U.S. PARTNERSHIP FUND III, LP	0.
INVESCO U.S. BUYOUT & EXPANSION CAPITAL	-4,080.
INVESCO VENTURE PARTNERSHIP FUND III, LP	0.
MESIROW FINANCIAL PRIVATE EQUITY PARTNERSHIP FUND	1,852.
MESIROW FINANCIAL PRIVATE EQUITY PARTNERSHIP FUND	611.
INCOME (LOSS) FROM PARTNERSHIPS	-499.

0.				0.	4,050.	COLUMN TOTALS
0.	0.	o.	4,050.	0.	4,050.	SPONSORSHIP TICKET VOUCHERS
7. EXCESS EXEMPT	6. EXPENSES ATTRIBUTABLE TO COL. 5	ATTACHMENT 2 5. GROSS INCOME FROM ACTIVITY	ATTACH 4. NET INCOME OR (LOSS)	APPERITISING ANCOME 3. EXPENSES DIRECTLY CONNECTED	T INCOME, OTHER THAN 2. GROSS UNRELATED BUSINESS INCOME	SCHEDULE I - EXPLOITED EXEMPT ACTIVITY INCOME. OTHER THAN ADVERTISING INCOME 2. GROSS UNRELATED 1. EXPLOITED ACTIVITY INCOME INCOME CONNECTED

0.	0.	0.	27,668.	0.	27, 668.	COLUMN TOTALS
0,	0.	0.	27,668.	0.	27,668.	THE ROTARIAN
COSTS	COSTS	INCOME	GAIN OR LOSS	COSTS	INCOME	NAME OF PERIODICAL
READERSHIP	READERSHIP	CIRCULATION	ADVERTISING	ADVERTISING	ADVERTISING	1.
EXCESS	6.	5 ,	**	DIRECT	GROSS	
7.				ω.	2.	

FEDERAL FOOTNOTES

THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL

FEIN: 36-3245072

FORM 990-T, PART V, LINE 1

NAME OF FOREIGN COUNTRY

ARGENTINA

AUSTRALIA

BANGLADESH

BRAZIL

CANADA

CAYMAN ISLANDS

CHILE

COLOMBIA

DENMARK

EGYPT

GERMANY

GUERNSEY

INDIA

JAPAN

NIGERIA

NORWAY

PAKISTAN

PERU

PHILIPPINES

REPUBLIC OF SOUTH KOREA

SOUTH AFRICA

SRI LANKA

SWEDEN

SWITZERLAND

THAILAND

VENEZUELA

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