

Copy of Prior Return
(Filed by Previous Accountant)

Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 07-01, 2007, and ending 06-30, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

Form fields: C Name of organization (ROTARY DISTRICT INTERNATIONAL 6690), D Employer identification number (36-6986056), E Telephone number ((740) 374-8860), F Accounting method (X Cash), City or town (MARIETTA OH 45750)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Form fields: H and I are not applicable to section 527 organizations, H(a) Is this a group return for affiliates? (Yes X No), H(b) If "Yes," enter number of affiliates, H(c) Are all affiliates included? (X Yes No), H(d) Is this a separate return filed by an organization covered by a group ruling? (X Yes No), I Group Exemption Number (0573), M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website:

J Organization type (check only one) [X] 501(c) (4) (insert no) 4947(a)(1) or 527

K Check here [] If the organization is not a 508(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts. Add lines 8b, 8c, 9b, and 10b to line 12 133,143

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Table with 21 rows and 3 columns: Description, Amount, and Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue is 133,143 and total expenses is 140,702.

COPY

Part I Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22 b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23	43,072	43,072		
24	Benefits paid to or for members (attach schedule)	24				
25 a	Compensation of current officers, directors, key employees, etc. listed in Part VA	25a				
b	Compensation of former officers, directors, key employees, etc. listed in Part VB	25b				
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	4,800	4,800		
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	45	45		
34	Telephone	34	582	582		
35	Postage and shipping	35	1,113	1,113		
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39	32,394	32,394		
40	Conferences, conventions, and meetings	40	37,165	37,165		
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize): STM167	43	21,531	21,531		
a	WEBSITE	43a				
b	SOFTWARE	43b				
c	BANK CHARGES	43c				
d	DIRECTORY	43d				
e	BOND	43e				
f	INSURANCE - D AND O	43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	140,702	43,072	97,630	0

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► PROVIDE ADMINISTRATIVE SUPPORT	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a See SERVICES 	
(Grants and allocations \$) If this amount includes foreign grants, check here ►	
b 	
(Grants and allocations \$) If this amount includes foreign grants, check here ►	
c 	
(Grants and allocations \$) If this amount includes foreign grants, check here ►	
d 	
(Grants and allocations \$) If this amount includes foreign grants, check here ►	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ►	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	

Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)
		Beginning of year		End of year
45	Cash - non-interest-bearing	(6,060)	45	12,072
46	Savings and temporary cash investments	128,293	46	124,592
47 a	Accounts receivable			
	b Less: allowance for doubtful accounts	1,000	47a	
			47b	1,000
		500	47c	
48 a	Pledges receivable		48a	
	b Less: allowance for doubtful accounts		48b	
			48c	
49	Grants receivable		49	
50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
A	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
s	51 a Other notes and loans receivable (attach schedule)		51a	
e	b Less: allowance for doubtful accounts		51b	
t			51c	
s	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities		54a	
	b Investments - other securities (attach schedule)		54b	
	55 a Investments - land, buildings, and equipment, basis		55a	
	b Less: accumulated depreciation (attach schedule)		55b	
			55c	
	56 Investments - other (attach schedule)		56	
	57 a Land, buildings, and equipment: basis		57a	
	b Less: accumulated depreciation (attach schedule)		57b	
			57c	
	58 Other assets, including program-related investments (describe <input type="checkbox"/> STM117)	375	58	125
	59 Total assets (must equal line 74). Add lines 45 through 58	123,108	59	137,789
	60 Accounts payable and accrued expenses	23,000	60	23,721
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
	66 Total liabilities. Add lines 60 through 65	23,000	66	23,721
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	100,108	67	92,549
	68 Temporarily restricted	0	68	0
	69 Permanently restricted	0	69	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	100,108	73	92,549
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	123,108	74	116,270

Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88a	At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year did the organization, directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
90a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	
91a	The books are in care of: DENNIS O COOK Telephone no. 740-374-8860 Located at ZIP + 4 45750		
b	At any time during the calendar year did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	Yes	No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Other Information (continued)

c At any time during the calendar year did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a REIMBURSEMENT					25,561
b PREPETS					945
c SIMPLIFIED GRANT TRAN					23,268
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					49,774
105 Total (add line 104, columns (B), (D), and (E)) ▶					49,774

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	
	103 REIMBURSEMENTS IN REGARD MEETING
s /	DINNERS / SEMINARS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year receive any funds, directly or indirectly to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year pay premiums, directly or indirectly on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer: Dennis O Cook, treasurer Date: _____
 Type or print name and title.

Paid Preparer's Use Only	Preparer's signature: _____	Date: <u>12-19-2011</u>	Check if self-employed: <input checked="" type="checkbox"/>	Preparer's SSN or PTN (See Gen Inst X): _____
	Firm's name (or yours if self-employed), address, and ZIP + 4: <u>WARK ACCOUNTING 220 PUTNAM STREET Marietta, OH 45750</u>	EIN: _____	Phone no.: _____	<u>7403738009</u>

Form **8868**

Application for Extension of Time to File an Exempt Organization Return

(Rev. March 2008)

Department of the Treasury
Internal Revenue Service

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization ROTARY DISTRICT INTERNATIONAL 6690	Employer Identification number 36-6986056
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a PO box, see instructions. P O BOX 359	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MARIETTA OH 45750	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	Form 990-T (corporation)	Form 4720
<input type="checkbox"/> Form 990-BL	Form 990-T (sec. 401(a) or 408(a) trust)	Form 5227
<input type="checkbox"/> Form 990-EZ	Form 990-T (trust other than above)	Form 6069
<input type="checkbox"/> Form 990-PF	Form 1041-A	Form 8870

● The books are in the care of ▶ DENNIS O COOK

Telephone No ▶ 740-373-8009 FAX No. ▶ 740-373-1334

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0573. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02-15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20__ or

▶ tax year beginning 07-01, 2007, and ending 06-30, 2008.

2 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

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

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

EEA

Form 8868 (Rev. 3-2008)

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2007, or fiscal year beginning 07-01-2007, and ending 06-30-2008

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

▶ See instructions.

2007

Return ID (20-digit number) ▶

Name of exempt organization

ROTARY DISTRICT INTERNATIONAL 6690

Employer identification number

36-6986056

Name and title of officer

Dennis O Cook treasurer

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

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

1a Form 990 check here ▶	b Total revenue, if any (Form 990, line 12)	1b
2a Form 990-EZ check here ▶	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input checked="" type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider/transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account to revoke a payment. I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN check one box only

I authorize WARK ACCOUNTING to enter my PIN 54555 as my signature
ERO firm name do not enter all zeros

on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/ State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Dennis O Cook Date ▶ 11-15-2008

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 31423196545
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

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

990

Overflow Statement

2007
Page 1

Name(s) as shown on return:

ROTARY DISTRICT INTERNATIONAL 6690

FEIN

36-6986056

Form 990 - Part II Line 23 Specific

Description	Amount
SIMPLIFIED GRANTS	\$ 20,588
NEW GENERATIONS (INTERACT AND YEP)	11,290 ✓
ROTARY FOUNDATION	5,031 ✓
VOCATIONAL SERVICE	2,025 ✓
PETS	3,908 ✓
DISASTER RELIEF	230 ✓
Total:	\$ 43,072

Form 990

Description	Amount
OFFICE - SOFTWARE	\$ 45
Total:	\$ 45

Form 990

Description	Amount
SECRETARY/TREASURER	\$ 1,477 ✓
DISTRICT GOVERNOR	14,945 ✓
ASST DIST GOVERNOR	6,211 ✓
COUNCIL	269 ✓
OTHER DGE AND DGN DISCRETIONARY EXPENSES	9,492 ✓
Total:	\$ 32,394

Description	Amount
SIMPLIFIED GRANTS	\$ 12,198
CHECKING - PEOPLES	(126)
Total:	\$ 12,072

990

Overflow Statement

2007
Page 2

Name(s) as shown on return

FEN

ROTARY DISTRICT INTERNATIONAL 6690

36-6986056

Description

Amount

DISTRICT ASSEMBLY	\$ 1,910
DISTRICT CONFERENCE	9,340
PDG DINNER	728
D AND O INSURANCE	5,125
INTERACT	330
GOVERNOR PAYMENTS	8,128
Total:	\$ 25,561