

**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.

**2020**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ROTARY CLUB OF FORT WORTH Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 306 W. 7TH STREET, SUITE 305 City or town, state or province, country, and ZIP or foreign postal code FORT WORTH TX 76102 <b>F</b> Name and address of principal officer: JOSEPH MICHELS 306 W. 7TH STREET, SUITE 305 FORT WORTH TX 76102	<b>D</b> Employer identification number 75-0275785 <b>E</b> Telephone number 817-332-7977 <b>G</b> Gross receipts \$ 353,391 <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.ROTARYFORTWORTH.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1961 <b>M</b> State of legal domicile: TX

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: THE ROTARY CLUB OF FORT WORTH IS A CIVIC ORGANIZATION WHOSE MISSION IS TO PROVIDE SERVICE TO OTHERS, PROMOTE INTEGRITY AND ADVANCE WORLD PEACE, GOODWILL, AND UNDERSTANDING. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) <span style="float: right;">3 13</span> 4 Number of independent voting members of the governing body (Part VI, line 1b) <span style="float: right;">4 13</span> 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) <span style="float: right;">5 1</span> 6 Total number of volunteers (estimate if necessary) <span style="float: right;">6 25</span> 7a Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float: right;">7a 0</span> 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 <span style="float: right;">7b 0</span>		
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year
		47	1,775
		389,626	351,616
		10	0
		0	0
		389,683	353,391
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12		
		78,598	69,490
		0	0
		269,548	181,453
		348,146	250,943
		41,537	102,448
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year	End of Year
		91,122	234,464
		89,288	130,182
		1,834	104,282

**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.

<b>Sign Here</b>	Signature of officer JOSEPH MICHELS Type or print name and title TREASURER	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JOHN KELLOGG Firm's name ▶ KELLOGG & KELLOGG, PC Firm's address ▶ 3116 WEST 5TH STREET, 2ND FLOOR FORT WORTH, TX 76107	Preparer's signature JOHN KELLOGG Date Check <input type="checkbox"/> if self-employed if PTIN P00083205 Firm's EIN ▶ 75-2962352 Phone no. 817-738-5597

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No