

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2020**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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/Form990EZ for instructions and the latest information. **2106****A** For the 2020 calendar year, or tax year beginning **July 1**, 2020, and ending **June 30**, 20 **21****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**Bloomington Normal Sunrise Rotary**

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

PO Box 724

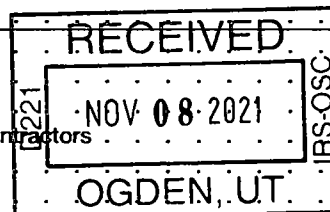
City or town, state or province, country, and ZIP or foreign postal code

Bloomington, IL 61702-724**04****D** Employer identification number**37-1257553****E** Telephone number**309-530-4913****F** Group Exemption Number ▶**0573****G** Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶**I** Website: ▶ **bnsunriserotary.org****H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(4) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

▶ \$ **93,751****Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	2,180
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	52,614
	4	Investment income	4	48
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b	Gross income from fundraising events (not including \$ 36,148 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	36,148
c	Less: direct expenses from gaming and fundraising events	6c	5,608	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	30,540	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	2,762	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	88,143	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	38,477
	11	Benefits paid to or for members	11	24,327
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	943
	15	Printing, publications, postage, and shipping	15	0
	16	Other expenses (describe in Schedule O)	16	24,749
	17	Total expenses. Add lines 10 through 16	17	88,497
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-353
	Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
20		Other changes in net assets or fund balances (explain in Schedule O)	20	3,992
21		Net assets or fund balances at end of year. Combine lines 18 through 20	21	78,851



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For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2020)**P**

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	78,928	22 76,548
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	4,835	24 3,368
25 Total assets	83,763	25 79,917
26 Total liabilities (describe in Schedule O)	567	26 1,066
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	83,196	27 78,851

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? **Civic Service**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 Boys and Girls Club - capital campaign - to improve the physical facilities at the Boys and Girls club Year 3 of a multi-year project		
(Grants \$ 10,000) If this amount includes foreign grants, check here ☐	28a	10,000
29 Assistance for 3 different School districts to assist with additional expenses for remote learning and COVID related expenses - \$3,000 each for Unit 5, District 87 and Heyworth and Olympia		
(Grants \$ 9,000) If this amount includes foreign grants, check here ☐	29a	9,000
30 Heartland Community College Scholarships - to provide scholarships to 2 different students \$1,000 each per semester - selected and administered by the Heartland Foundation		
(Grants \$ 4,000) If this amount includes foreign grants, check here ☐	30a	4,000
31 Other program services (describe in Schedule O)		
(Grants \$ 15,477) If this amount includes foreign grants, check here ☐	31a	15,477
32 Total program service expenses (add lines 28a through 31a)	32	38,477

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Doug Schwalm President	5	0	0	0
Laura Pritts President -Elect	5	0	0	0
Blake Mier President Elect Nominee	5	0	0	0
Peggy Hardy Secretary	5	0	0	0
Mike Talkington Treasurer	5	0	0	0
Jim Waldorf Sergeant At Arms - Director	5	0	0	0
Sue Seibring Director	5	0	0	0
Perry Rock Director	5	0	0	0
Glenn Harbin Executive Secretary	5	0	0	0
Chris Downing Director	5	0	0	0
Pat Messinger and Amber Gruenloh Directors	5	0	0	0
Tracy Patkunas and Terry Ballantini Directors	5	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	37a	
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ▶ <u>Illinois</u>		
42a The organization's books are in care of ▶ <u>Mike Talkington</u> Telephone no. ▶ <u>309-530-4913</u> Located at ▶ <u>53 Stonebrook Court, Bloomington, IL</u> ZIP + 4 ▶ <u>61704</u>		
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 ▶	42b	✓
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	✓

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	☒

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

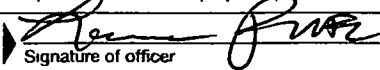
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☐ 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.

Sign Here	Signature of officer 	Date 11/2/21
	Type or print name and title Laura Pritts - President Bloomington Normal Sunrise Rotary	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no.	

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

Bloomington Normal Sunrise Rotary

Employer identification number

371257553

Other Revenue - Meals paid for - Guest breakfast and Epiphany Farms outing 2,616

50/50 raffle 146

Total 2,762

Grants and Similar Amounts Paid - Other Program Services

Oakland Promise Council \$3,000

Central Catholic Interact Club - \$4,000

Support of Boy Scouts and Venturing Crew \$1,551

To PATH Crisis Center - Purchase of headsets \$1,980

Home Sweet Home Ministries \$1,452

Education Ambassador - Diversity Project - Unit 5 District 87 Schools \$1,000

Beyond the Books - Early Childhood Literacy \$ 600

Rotary International Foundation \$ 718

Bench for Bollingbrook Park - Harmony Park for Autism \$ 573

Project to support Foster children \$ 198

Educator Appreciation project \$ 309

Other - Family club \$ 96

Total \$15,477

Other Expenses

Bank Fees \$3,120

Software / Technology \$1,318

Supplies \$1,313

Meeting Expenses \$ 507

Dues to Rotary International and District \$18,342

Fees - 990 Filing and PO Box \$ 149

Total \$24,749

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

Bloomington Normal Sunrise Rotary

Employer identification number

371257553

Part I Line 20 - Other Changes in Net Assets or fund Balances

Venturing Crew - removed their assets from our books - they are sponsored by a different organization now

Decreased our assets - and offset to our Retained Earnings \$3,992

Other Assets

Members Accounts Receivable \$ 100

Inventory - New member T-shirts \$ 190

Loans to Others - KIVA - Microloans \$2,978

Prepaid Expenses for next fiscal yr \$ 100

Total Other Assets \$3,368**Total Liabilities**

Deferred Income - Brats and Bags \$ 150

Accounts Payable - Due to Other \$ 174

Due to Rotary International \$ 48

50/50 drawing - Payable \$694

Total Liabilities \$1,066