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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

Inspection

Department of the Treasury

► The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2012 calendar year, or tax year beginning and ending D Employer identification number C Name of organization BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC Check if applicable Address change Doing Business As OPPORTUNITY HOUSE 35-0998713 Number and street (or PO box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 1149 LINDEN DRIVE (812) 336-2300 City, town or post office, state, and ZIP code Terminated BLOOMINGTON 47408-1277 G Gross receipts \$ 143.540 Amended return F Name and address of principal officer Application pending H(a) is this a group return for affiliates? JULIE FARIS 845 WOODBRIDGE DR. BLOOMINGTON, IN 47408 H(b) Are all affiliates included? If "No " attach a list (see instructions) Tax-exempt status 501(c)(3) 501(c)) < (insert no) 4947(a)(1) or J Website: ► N/A H(c) Group exemption number ▶ X Corporation K Form of organization Trust Association Other ▶ L Year of formation 1940 M State of legal domicile IN Part I Summarv Briefly describe the organization's mission or most significant activities SUPPORT MONROE COUNTY UNITED MINISTRIES Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII column (C) lin 7a Net unrelated business taxable income from Form 9905 Virte 84 EU 7b **Prior Year Current Year** Program service revenue (Part VIII, line 1h)
Investment income (Part VIII column (2)) RS-OS 3,326 DEC 0 9 2013 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,588 449 Other revenue (Part VIII, column (A), lines 5, 6d, 80, 90, 104, 114) 11 138,101 139.765 12 Total revenue—add lines 8 through 11 (must equal-Part-VIII, column (A), line 12 145,689 143,540 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 93.310 49,040 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) 55,512 65,215 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 40.247 29.663 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 189,069 143,918 19 Revenue less expenses Subtract line 18 from line 12 -43.380-378 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 460,805 460,295 21 Total liabilities (Part X, line 26) 1,986 1,853 Net assets or fund balances Subtract line 21 from line 20 458.819 458,442 Signature Block Jnder 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 Sian Signature of officer morganet & Sathewa Here MARGARET E HATHAWAY, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check X Paid M PHIL HATHAWAY, CPA M PHIL HATHAWAY, CPA 12/3/2013 self-employed P00583944 Preparer Firm's name ▶ M PHIL HATHAWAY, CPA Firm's EIN ► 30-8285042 **Use Only** Firm's address ► 1149 LINDEN DR, BLOOMINGTON, IN 47408-1277 (812) 336-2300 Phone no

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2012

No

X Yes

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A .	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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.	. 4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	1 1		
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			١
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			100
_	VII, VIII, IX, or X as applicable	112		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.	11a	Х	
þ	9 9			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		X
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	140		V
ď		11c		<u>X</u>
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	444		
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			-^-
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	124		
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	İ		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	. 16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		<u> </u>
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L

Part IV Checklist of Required Schedules (continued)

,	Ondottion of Production Continuous		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			١
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>X</u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defease any tax-exempt bonds?	24c 24d		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 504(a)(3) and 504(a)(4) agree institute. But the agree institute and account to a green a	24U		 ^-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	20a		 ^-
IJ	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			İ
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III .	27	5.40 720	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		X	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			43.0
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			,
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	 	x
30	Did the organization receive more than \$25,000 in hon-cash contributions? If res, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	125		 ^-
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>		<u> </u>	
	Part 1	31	ŀ	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	_	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	<u> </u>
D	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	351		}
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b	\vdash	1
J0	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			 ^` -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
			000	

Part V

`	Statements Regarding Other IRS Filings and Tax Compliance	
	Check if Schedule O contains a response to any question in this Part V	

ų (Check if Schedule O contains a response to any question in this Part V		,	X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2			لـــ ــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			. <u></u> .
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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	١. ا		
	account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	<u> </u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .	5b_		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		\ \	ĺ
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ch	\	
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b	_X	-
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
ч	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		
•	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		,	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		,	
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	L	X
10	Section 501(c)(7) organizations. Enter	, '		
a	Initiation fees and capital contributions included on Part VIII, line 12	4		1
р	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4	,	Ţ.
11	Section 501(c)(12) organizations. Enter		,	1
a	Gross income from members or shareholders	┦		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			
40	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	┨		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-	<u> </u>	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
_	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b	1		
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		 ^

Part VI

	Check if Schedule O contains a response to any question in this Part VI				<u></u>
Sect	on A. Governing Body and Management				
				Yes	No
1a		1a 15	4		
	If there are material differences in voting rights among members of the governing body, or			!	
	If the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O	45 47			
D		1b 15	4 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	iip with	-		'
•	any other officer, director, trustee, or key employee?		2_		X
3	Did the organization delegate control over management duties customarily performed by or under the supervision of officers, directors, or trustees, or key employees to a management company or other		3		
		-	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		5		x
5 6	Did the organization become aware during the year of a significant diversion of the organization's as Did the organization have members or stockholders?	556157	6		x
7a	Did the organization have members of stockholders, or other persons who had the power to elect or a	innoint	۳		 ^-
r a	one or more members of the governing body?	фонц	7a	Х	1
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,		1a	<u> </u>	\vdash
b	stockholders, or persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during .	10		
0	the year by the following	duning			
а	The governing body?		8a	Х	[']
b	Each committee with authority to act on behalf of the governing body?	•	8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	<u> </u>		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the I	nternal Revenue	Code.)	
<u>-</u>	ien zu energ (interest en en en en en en en en en en en en en	<u></u>		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pur		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befor	e filing the form?.	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	-			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	ive rise to conflicts?	12b	Χ	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes,"			
	describe in Schedule O how this was done		12c		X
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approve	•			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation a	and decision?]
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization	•	15b	<u> </u>	X
4.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement			ļ
	with a taxable entity during the year?	,	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the standard policy of procedure requiring the organization to evaluate the standard policy of the standard policy of the standard policy or procedure requiring the organization to evaluate the standard policy of the standard policy or procedure requiring the organization to evaluate the standard policy or procedure requiring the organization to evaluate the standard policy or procedure requiring the organization to evaluate the standard policy or procedure requiring the organization to evaluate the standard policy or procedure requiring the organization to evaluate the standard policy or procedure requiring the organization to evaluate the standard policy or procedure requiring the organization to evaluate the standard policy or procedure requiring the organization of the standard policy or procedure requiring the organization of the standard policy or procedure requiring the organization of the standard policy or procedure requiring the organization of the standard policy or procedure requiring the organization of the standard policy or procedure requiring the organization of the standard policy or procedure requiring the organization of the standard policy or procedure requiring the organization of the standard policy or procedure requiring the organization of the standard policy or procedure requiring the organization of the standard policy or procedure requiring the organization of the standard policy or procedure requiring the organization of the standard policy or procedure requiring the organization of the standard policy or procedure requiring the organization of the standard policy or procedure requiring the organization of the standard policy or procedure requiring the organization of the standard policy or procedure requiring the organization of the standard policy or procedure requiring the standard policy or procedure requiring the standard policy or procedure requiring the standard policy or				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg	uaro	404		<i>-</i> -
<u> </u>	the organization's exempt status with respect to such arrangements?		16b	L	L
<u>Sect</u> 17	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► IN				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Section 501(c)/3)s only	/)	
, 0	available for public inspection. Indicate how you made these available. Check all that apply		/JS (JIII)	, ,	
		olaın ın Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	•			
	policy, and financial statements available to the public during the tax year				
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the			
	organization ► MARGARET E HATHAWAY	(010) 226 0	300		
	1149 LINDEN DRIVE, BLOOMINGTON, IN 47408-1277				

Form 990 (2012) BLOOMINGTON COUNCIL OF CH				<u>.</u>			_	limb 4 O	35-09987	13 Page 7
Part VII Compensation of Officers, Direction Compensation of Officers, Direction Compensation of Officers, Direction Compensation of Officers, Direction Compensation of Officers, Direction Compensation of Officers, Direction Compensation of Officers, Direction Compensation of Officers, Direction Compensation of Officers, Direction Compensation of Officers, Direction Compensation of Officers, Direction Compensation of Officers, Direction Compensation Compensation of Officers, Direction Compensation Compensat		es, r	ey	EM	ipic	yee	s, r	lignest Comp	ensated	
Check if Schedule O contains a re		, aue	estic	on i	n th	is Pa	art '	VII		. 🖂
Section A. Officers, Directors, Trustees, Key Er	`	•								
1a Complete this table for all persons required to be li organization's tax year									with or within the	
 List all of the organization's current officers, difference of compensation. Enter -0- in columns (D), (E), and (F) List all of the organization's current key employed. List the organization's five current highest communication received reportable compensation (Box 5 of Formorganization and any related organizations. 	F) if no compens yees, if any See apensated emplo	ation instr yees	wa: ucti (otl	s pa ons her	iid for thar	defini n an c	tion	of "key employe er, director, truste	ee " ee, or key emplo	
 List all of the organization's former officers, keg \$100,000 of reportable compensation from the organi 							ed e	mployees who r	eceived more that	an
 List all of the organization's former directors organization, more than \$10,000 of reportable competence 										the
List persons in the following order individual trustees compensated employees, and former such persons	or directors, ins	titutio	nal	trus	tee	s, offi	cers	s, key employees	s; highest	
X Check this box if neither the organization nor any	related organiz	atıon	con	npe	nsat	ted ar	у с	urrent officer, dır	ector, or trustee	
(A) Name and Title	(B) Average hours per	box,	unles	Pos neck ss pe	more rson	than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JULIE FARIS	20 00									
PRESIDENT (2) MARCARET HATHANAY	4.00			Х	_					
(2) MARGARET HATHAWAY	4 00	1	l	I	1	1			i	

(A) Name and Title	(B) Average hours per	box,	unles er and	s pe	rson	than o is both or/truste	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JULIE FARIS	20 00									
PRESIDENT				X	_		<u> </u>			
(2) MARGARET HATHAWAY	4 00			U						
TREASURER	4 00			Х	-					
(3) PHYLLIS EADS SECRETARY	4 00			x						
(4)										
(5)										
(6)										
.(7)										
	<u> </u>									
	<u> </u>									
(11)										
	<u> </u>									
(13)										
(14)										

Pa	Irt VII Section A. Officers, Directors, Tru	istees, Key Emi	oloye	es,	and	Hi	ghes	t Co	mpensated Em	ployees (contin	ued)		
, (C)													
	(A)	Position (B) (do not check more than one							(D)	(E)	_	(F)	
	Name and title	Average hours per				recto	ıs both or/trust	ee)	Reportable compensation	Reportable compensation		timate nount o	
		week (list any hours for				Κ̈́	Highest compensated employee	Former	from the	from related organizations	com	other pensa	tion
		related	Individual trustee or director	Institutional trustee	Officer	em	hest	mer	organization	(W-2/1099-MISC)] fi	om the	Э
		organizations below dotted	tor al tr	nal		ploye	com		(W-2/1099-MISC)			anızatı d relate	
		line)	stee	truste		ď	pens				orga	anızatı	วกร
				ď			ated		ļ				
(15)													
(16)				_		-							
(17)												-	
				-		-					_		
						<u> </u>		_					
(19)													
(20)										 			
(21)										-			
(22)										<u> </u>			
(22)			-	├		-					<u> </u>		
(23)											<u> </u>		
(24)													•
(25)													
1b	Sub-total	<u>. </u>				• •		>					
C	Total from continuation sheets to Part VII, S	ection A							·		├		
<u>q</u>	Total (add lines 1b and 1c) Total number of individuals (including but not liii	mited to those lis	ted s	hov	י ובי	vho.	recei	Ved	L more than \$100	1 000 of	<u> </u>		—
_	reportable compensation from the organization		oleu c	a D O V	(C) V	VI 10	1606	VCC	illiole tilali \$100	,,000 01			
												Yes	No
3	Did the organization list any former officer, dire		-		loye	e, c	or higi	hes	t compensated				
	employee on line 1a? If "Yes," complete Scheo									•	3		X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater	•							-		'		١,
	individual	ater than \$150,0		, ,,	7 3 ,	COII	ipjett	<i>,</i> 30	riedule 3 loi suc	"	4		X
5	Did any person listed on line 1a receive or acci									vidual			
Soc	for services rendered to the organization? If "Y tion B. Independent Contractors	es," complete So	chedu	ile J	tor	Suc	ch pei	rsor	1	<u> </u>	5		X
1	Complete this table for your five highest compe	ensated indepen	dent	con	trac	tors	that	rece	eived more than	\$100,000 of			
	compensation from the organization Report co										tax		
	(A) Name and business add	Irece							(B) Description of ser	VICES	(C Comper		
	יימווס מווע שעטוופסט מעט					_			Decemption of Ser		Jumper	.520011	
								\vdash					
								\vdash	- 				
								\vdash					
	Total number of independent contractors (inclu	ding but not limit	ted to	tho	se l	ıste	d abo	ve)	who received				
	more than \$100,000 of compensation from the		•										

Part VIII Statement of Revenue

	•	Check if Schedule O contains	s a response to	any question in th	is Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
6 6	1a	Federated campaigns	1a				<u>.</u>	!
ant	b	Membership dues .	1b	1				l i
ည်း ဦ	C	Fundraising events .	1c				ł	į
fg,	d	Related organizations .	1d		1			
ig G		Government grants (contribution					, ,	1
Contributions, Gifts, Grants and Other Similar Amounts	e			' -			ì	1
her	'	All other contributions, gifts, grain		2 220			ļ	
₹ 0		similar amounts not included abo		3,326				
and	g	Noncash contributions included in	lines 1a-1f: \$				ł	
	h	Total. Add lines 1a-1f .		P	3,326			ļ <u>'</u>
9				Business Code				<u> </u>
ver	2a					·	ļ <u></u>	
8	b							ļ
Š	C							
Ser	d					<u> </u>		<u> </u>
Ē	е							<u> </u>
Program Service Revenue	f	All other program service revenu	.					<u> </u>
_ &	g	Total. Add lines 2a-2f		•				
	3	Investment income (including div	vidends, interest	, and				
		other similar amounts)		▶	449			
	4	Income from investment of tax-e	xempt bond pro	ceeds . >				
	5	Royalties		. •				
		•	(ı) Real	(II) Personal		,		
	6a	Gross rents .				;		}
	b	Less rental expenses					İ	
	C	Rental income or (loss)						
	ď	Net rental income or (loss)		•				
	7a	Gross amount from sales of	(i) Securities	(II) Other			 	
	/ a		(,, 66626	(", ", "				!
	_	assets other than inventory.					ļ	}
	b	Less cost or other basis	1	1		r		
		and sales expenses	<u> </u>	 				1
	C	Gain or (loss)	L				ļ	
	d	Net gain or (loss)					<u> </u>	
ø.	ا م	0						
Ž	ва	Gross income from fundraising				1	ļ	,
Ve Ve		events (not including \$		`				
8		of contributions reported on line	1c)					· I
e]	See Part IV, line 18	а				ļ.]
Other Revenue	b	Less direct expenses	b					
•		Net income or (loss) from fundra	•	. <u> </u>				<u> </u>
	9a	Gross income from gaming activ	/ities	j				1
	Ì	See Part IV, line 19	а					
	b	Less direct expenses	. b					
	С	Net income or (loss) from gamin	ig activities					<u> </u>
	10a	Gross sales of inventory, less						
		returns and allowances .	а	139,765				
	b	Less: cost of goods sold.	. b					
	С	Net income or (loss) from sales	of inventory	. •	139,765			
		Miscellaneous Revenue		Business Code				
	11a]
1	b							
	С							
	d	All other revenue						1
	е	Total. Add lines 11a–11d .	•				1	
	42	Total revenue. See instructions			142 540		 	

Part IX		
		onal Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	ganizations must c	omplete column (A)	<u></u>					
Check if Schedule O contains a response to any question in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States See Part IV, line 21	49,040	49,040							
2	Grants and other assistance to individuals in the			•	, 1					
	United States See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the	1			,					
	United States See Part IV, lines 15 and 16									
4	Benefits paid to or for members .									
5	Compensation of current officers, directors,									
_	trustees, and key employees .									
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B)	51.010	54.040							
7	Other salaries and wages	54,012	54,012							
8	Pension plan accruals and contributions (include	7 000	7.000							
9	section 401(k) and 403(b) employer contributions).	7,022	7,022		<u> </u>					
10	Other employee benefits Payroll taxes	4,181	4,181							
11	Fees for services (non-employees)	4,101	4 , 10 I							
	Management									
a b	Legal		·							
c	Accounting									
ď	Lobbying									
6	Professional fundraising services. See Part IV, line 17	-								
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column									
7	(A) amount, list line 11g expenses on Schedule O)									
12	Advertising and promotion .	2,088	2,088							
13	Office expenses									
14	Information technology									
15	Royalties									
16	Occupancy	14,932	14,932							
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates	ļ								
22	Depreciation, depletion, and amortization	7,752	7,752							
23	Insurance	4,709	4,709							
24	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)	1	,	, (, , , 5					
a	•				<u> </u>					
b										
c				····						
ď					-					
e	All other expenses	182	182	· · · · · · · · · · · · · · · · · · ·						
25	Total functional expenses. Add lines 1 through 24e	143,918	143,918							
26	Joint costs. Complete this line only if the									
	organization reported in column (B) joint costs		ļ		}					
	from a combined educational campaign and									
	fundraising solicitation Check here ► I if		ļ							
	following SOP 98-2 (ASC 958-720)		i							

Balance Sheet Part X

(A) Beginning of year	(B) End of year
	
- Country and the state of the	<u>1</u> 16,399
	2 392,650
3 Pledges and grants receivable, net .	3
4 Accounts receivable, net	4
5 Loans and other receivables from current and former officers, directors,	
trustees, key employees, and highest compensated employees	
	5
6 Loans and other receivables from other disqualified persons (as defined under section	
4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	
sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	6
6	7
7 Notes and loans receivable, net	8 5,000
	9
Topad oxperious and dolored stranges	3
10a Land, buildings, and equipment cost or	
other basis Complete Part VI of Schedule D b Less accumulated depreciation . 10a 271,699 10b 225,453 53,877 10	0c 46,246
· · · · · · · · · · · · · · · · · · ·	11
	12
	
	13
	14
	15
	16 460,295
	17 1,853
_ _ ' ' 	18
	19
	20
	21
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties	
trustees, key employees, highest compensated employees, and	
disqualified persons Complete Part II of Schedule L	22
25 Secured mortgages and notes payable to difference trifferences	23
	24
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24) Complete	}
	25
26 Total liabilities. Add lines 17 through 25 1,986 2	26 1,853
Organizations that follow SFAS 117 (ASC 958), check here ► □ and □	
complete lines 27 through 29, and lines 33 and 34.	
27 Unrestricted net assets .	27
28 Temporarily restricted net assets	28
Permanently restricted net assets	29
complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 3458,819 3	
complete lines 30 through 34.	
30 Capital stock or trust principal, or current funds	30
31 Paid-in or capital surplus, or land, building, or equipment fund.	31
32 Retained earnings, endowment, accumulated income, or other funds . 458,819 3	32 458,442
33 Total net assets or fund balances	33 458,442
	34 460,295

Form 9	90 (2012) BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC	3	<u>85-09987</u>	<u> 13</u>	Page	e 12
Part						
•	Check if Schedule O contains a response to any question in this Part XI				[
1	Total revenue (must equal Part VIII, column (A), line 12)	1			143	,540
2	Total expenses (must equal Part IX, column (A), line 25)	2	_		143	,918
3	Revenue less expenses Subtract line 2 from line 1	3				-378
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			458	<u>,819</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses .	7_				
8	Prior period adjustments .	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B)) .	10	L		458	<u>,441</u>
Part						_
	Check if Schedule O contains a response to any question in this Part XII			•	· ļ	
					Yes	No
1	Accounting method used to prepare the Form 990				- 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•	· _2	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					i
	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?		. 2	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1		
	separate basis, consolidated basis, or both.				ĺ	
	Separate basis Consolidated basis Both consolidated and separate basis					
С	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?		2	2c]	
	If the organization changed either its oversight process or selection process during the tax year, explain in			T		
	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?		Ŀ	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			T		
	required audit or audits, explain why in Schedule Q and describe any steps taken to undergo such audits			зь		

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC 35-0998713 Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III—Functionally integrated d Type III—Non-functionally integrated Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support governing document? above or IRC section col (i) of your (i) organized in the (see instructions)) support? Yes Yes No No Yes No (A) (B) (C) (D) (E)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A Public Support

Caland	lar voor (or figgel voor beginning in)	/=\ 0000	/h\ 2000	(a) 2010	(4) 2011	(0) 2012	(f) Total
	lar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(I) Iotal
	Gifts, grants, contributions, and					l i	
n	membership fees received (Do not					ļ <u></u>	
11	nclude any "unusual grants ")					<u> </u>	
2 7	fax revenues levied for the organization's						
b	penefit and either paid to or expended on						
it	ts behalf .						
3 1	The value of services or facilities						
f	furnished by a governmental unit to the						
c	organization without charge						
	Fotal. Add lines 1 through 3						
5 7	The portion of total contributions by each					1	
	person (other than a governmental unit						
•	or publicly supported organization)			1	•		
	ncluded on line 1 that exceeds 2%		\$		1	. , , ,	
	of the amount shown on line 11,		1	;		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	column (f)	· <u>·</u> ·				the strong page	
	Public support. Subtract line 5 from line 4	**	The same				
	on B. Total Support				· · · · · · · · · · · · · · · · · · ·		
	lar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
		(4) 2000	(5) 2000	(0) 20 10	(4) 2011	(0) 20 12	(1) 10101
	Amounts from line 4				· · · · · · · · · · · · · · · · · · ·		
	Gross income from interest, dividends,						
•	payments received on securities loans,						
	rents, royalties and income from similar	:				}	
	sources						
	Net income from unrelated business						
	activities, whether or not the business is			İ			
	regularly carried on						 _
10 (Other income Do not include gain or						
	loss from the sale of capital assets						
((Explain in Part IV)						
11 7	Total support. Add lines 7 through 10					<u> </u>	
	Gross receipts from related activities, etc (se					12	
13 F	First five years. If the Form 990 is for the org	janization's firs	t, second, third,	, fourth, or fifth	tax year as a s	ection 501(c)(3)	
(organization, check this box and stop here		•				. ▶∐
Section	on C. Computation of Public Support	Percentage					
	Public support percentage for 2012 (line 6, co			lumn (fl)		14	
	Public support percentage from 2011 Schedu		•			15	
	33 1/3% support test—2012. If the organization			ne 13. and line	14 is 33 1/3%	or more, check	this box
	and stop here. The organization qualifies as				_	·	. ▶□
	33 1/3% support test—2011. If the organizat				d line 15 is 33	1/3% or more, cl	heck this
	box and stop here. The organization qualifier						. •
	10%-facts-and-circumstances test—2012.	•			. 13 162 or 16	Sh. and line 14	
	is 10% or more, and if the organization meets						ın
						•	
	Part IV how the organization meets the "facts	-anu-circumsta	inces lest ine	organization q	uaiiiies as a pl	aunciy supported	, [_] —
	organization	6 4h a a a 4		با مد بدما میارد	10 166 165	or 170 and h	▶∟
	10%-facts-and-circumstances test—2011.	•					
	15 is 10% or more, and if the organization me						ain in
	Part IV how the organization meets the "facts	-and-circumsta	inces" test The	e organization q	ualities as a pu	roliciy	. \square
	supported organization	•				•	. ▶ 📖
18 I	Private foundation . If the organization did no	ot check a box	on line 13, 16a,	, 16b, 17a, or 1	7b, check this l	box and see	
i	instructions						. ▶∐

Schedule A (Form 990 or 990-EZ) 2012

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support				· · · · · ·		<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
		· · · · · · · · · · · · · · · · · · ·					
1	Gifts, grants, contributions, and membership fees				2,106		2,106
•	received (Do not include any "unusual grants")				2,100	-	2,100
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished						
	in any activity that is related to the					l.	
	organization's tax-exempt purpose .	149,092	142,425	138,101	130,399		560,017
3	Gross receipts from activities that are not an	140,002	, 12, 120	700,101	.00,000		
,	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
7	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities			· · · · · · · · ·			
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	149,092	142,425	138,101	132,505		562,123
7a	Amounts included on lines 1, 2, and 3			, , , , , , , , , , , , , , , , , , , ,			· · · · · · · · · · · · · · · · · · ·
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
_	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b		, ,,,, ,,				
8	Public support (Subtract line 7c from						
•	line 6.)	•	* · · · · · · · · · · · · · · · · · · ·			* * *	562,123
Sec	tion B. Total Support			•			
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
							5C2 122
9	Amounts from line 6	149,092	142,425	138,101	132,505		562,123
10a	Gross income from interest, dividends,						
	payments received on securities loans,	44 500	4.053	7,588	323		24,384
	rents, royalties and income from similar sources	11,520	4,953	7,500	323	_	24,304
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					1	
	acquired after June 30, 1975	11 520	4,953	7,588	323		24,384
	Add lines 10a and 10b	11,520	4,955	7,300	323		24,304
11	Net income from unrelated business						
	activities not included in line 10b, whether						
40	or not the business is regularly carried on	-					
12	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,					_	
13	and 12).	160,612	147,378	145,689	132,828		586,507
14	First five years. If the Form 990 is for the organiz					·	000,001
14	organization, check this box and stop here	ation's mst, seco	na, ama, rourar,	or murtax year a	3 8 30011011 30 1(1	5)(5)	▶□
		Doroantaga		-			
	tion C. Computation of Public Support		a 12 column (6)			15	95 84%
15	Public support percentage for 2012 (line 8, column		e 13, column (1))	•		16	93 04 /8
16	Public support percentage from 2011 Schedule A, tion D. Computation of Investment Inc			-	<u> </u>	101	
				(f)		17	4 16%
17 18	Investment income percentage for 2012 (line 10c, Investment income percentage from 2011 Schedul			(1 <i>))</i>	•	18	7 10/0
	33 1/3% support tests—2012. If the organization			and line 15 is me	ore than 33 1/20/		
19a							. ▶ 🗓
L	not more than 33 1/3%, check this box and stop h	_					. 🖊 🔼
b	33 1/3% support tests—2011. If the organization line 18 is not more than 33 1/3%, check this box a						▶□
20	Private foundation If the organization did not ch	-					

	n 990 or 990-EZ) 2012 BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC	35-0998713 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations require	d by Part II, line 10;
•	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any addition	al information. (See
	instructions).	
		,

_		
		·
~~~~~~~~~~~	······································	
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### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047

2012

Open to Public

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• 5	Section 501(c)(4), (5), or (6) o	rganizations. Complete Part III					
	e of organization				Employe	r identification numbe	r
BLO		F CHURCH WOMEN, INC				35-0998713	
Pai	rt I-A Complete if t	the organization is exempt und	ler section 501	c) or is a section	n 527 c	rganization.	
1	Provide a description of the	he organization's direct and indirect p	olitical campaign a	activities in Part IV			
2	Political expenditures				▶ \$		
3	Volunteer hours .	•		•	-		
Da	rt I-B Complete if t	the organization is exempt und	lor section 501/	(0)(3)			
<u>Га</u> 1		excise tax incurred by the organization				<del></del>	
2	·	excise tax incurred by organization m			\$		
3	•	ed a section 4955 tax, did it file Form	-		•	Yes	No
3 4а	Was a correction made?	ed a section 4900 tax, did it lie i offit	4720 for this year?	•		Yes	No
	If "Yes," describe in Part I	 NZ			•		110
_		the organization is exempt und	ler section 5016	c) except secti	on 5016	(c)(3)	
1		expended by the filing organization f			<u></u>		_
•	activities	anpointed by the iming organization.			<b>▶</b> \$		
2	Enter the amount of the fi	iling organization's funds contributed	to other organizati	ons			
	for section 527 exempt fu				▶ \$		
3	Total exempt function exp	penditures Add lines 1 and 2 Enter h	ere and on Form 1	1120-POL,	•		
	line 17b				▶ \$		
4	Did the filing organization	n file Form 1120-POL for this year?				Yes	No
5		ses and employer identification numb					
		ents. For each organization listed, en					
		intributions received that were prompt					
	as a separate segregated	fund or a political action committee	(PAC). II auditiona	r space is fleeded,	provide i	niornation in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of politica	
				filing organization funds if none, ent		contributions received a promptly and directly	
						delivered to a separat political organization	
					]	none, enter -0-	
				<del></del>			
(1)			1				
			<u>-</u>	-		<u> </u>	
(2)	·		<u> </u>				
(3)					7		
				ļ			
(4)		}			ł		
						<u> </u>	
(5)			j		]		
(6)							

P	Complete if the organization	on is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction	
A	under section 501(h)).  Check ▶ if the filing organization be name, address, EIN, exp	•	•			up membe	er's
В	Check ► if the filing organization of						
	Limits on Lot (The term "expenditures" r		(a) Filing organization's totals	(b) Affiliated group totals			
1a	Total lobbying expenditures to influence pu						
þ	Total lobbying expenditures to influence a		(direct lobbying)				
C	Total lobbying expenditures (add lines 1a a	and 1b)					
d	Other exempt purpose expenditures				. —		
e	Total exempt purpose expenditures (add li						
f	Lobbying nontaxable amount Enter the an	nount from the fo	pliowing table in bot	n			
1	columns	The John in	a pontovoblo omov	unt io:			1
	If the amount on line 1e, column (a) or (b) is Not over \$500,000		ng nontaxable amou mount on line 1e	int is:	ومروش المعروب المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع	, ,,	ł
	Over \$500,000 but not over \$1,000,000		us 15% of the excess	over \$500,000		5	ļ
	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess		1, 18 3	· ·	
	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess of				
	Over \$17,000,000	\$1,000,000					
g	Grassroots nontaxable amount (enter 25%	of line 1f)					
h	Subtract line 1g from line 1a If zero or les	s, enter -0-					
i	Subtract line 1f from line 1c If zero or less	, enter -0-					
j	If there is an amount other than zero on ei	ther line 1h or lin	e 1i, did the organia	zation file Form 472	20 reporting		_
	section 4911 tax for this year?		, ,			Yes _	No
	(Some organizations that columns belo	made a section w. See the instr	uctions for lines 2	not have to comp a through 2f on pa	olete all of the five age 4.)		
	Lobby	ing Expenditure	es During 4-Year A	veraging Period	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	(e) To	tal
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))				*		
c	Total lobbying expenditures						
d	Grassroots nontaxable amount						
<u>e</u>	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

1 During t legislate reference a Voluntee	es," response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a)		(b)
legislation reference a Voluntee	ng activity.	Yes	No	<u> </u>	moun
reference a Volunte	the year, did the filing organization attempt to influence foreign, national, state or local				
a Volunte	on, including any attempt to influence public opinion on a legislative matter or				
	dum, through the use of				
h Paid sta	ers?				
	aff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media a	advertisements?				
d Mailings	s to members, legislators, or the public?				
e Publicat	tions, or published or broadcast statements?				
	to other organizations for lobbying purposes?				
g Direct o	ontact with legislators, their staffs, government officials, or a legislative body?				
h Rallies,	demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other a	ctivities? .				
j Total. Ad	dd lines 1c through 1i	<u>.                                    </u>			
2a Did the	activities in line 1 cause the organization to be not described in section 501(c)(3)?				. <del></del> _
b If "Yes,"	enter the amount of any tax incurred under section 4912				
	enter the amount of any tax incurred by organization managers under section 4912	<u> </u>	ļ		
d If the file	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?		l	<u> </u>	
art III-A	Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	c)(5)	, or s	ection	1
	301(0)(0).			•	Yes
l Were su	ubstantially all (90% or more) dues received nondeductible by members?			1	
	organization make only in-house lobbying expenditures of \$2,000 or less?			2	
	organization agree to carry over lobbying and political expenditures from the prior year?			3	
1 Dues, a	answered "Yes."  Issessments and similar amounts from members .		1		
•	162(e) nondeductible lobbying and political expenditures (do not include amounts of	•	<u> </u>		
	expenses for which the section 527(f) tax was paid).				
a Current			2a		
	ver from last year		2b		
D Guilyot			2c		
c Total	ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•		<del> </del>	_
3 Aggrega			3		
3 Aggrega 4 If notice	es were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		3		
Aggrega If notice excess	es were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible		4		
<ul><li>Aggrega</li><li>If notice excess lobbying</li></ul>	es were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible g and political expenditure next year?		4		
<ul><li>3 Aggrega</li><li>4 If notice excess lobbying</li></ul>	es were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible				

# BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC 35-0998713 Schedule C (Form 990 or 990-EZ) 2012 Page 4 Supplemental Information (continued)

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

RLOC	DMINGTON COUNCIL OF CHURCH WOMEN	LINC		35-0998713
Part		or Advised Funds or Othe	er Similar Fun	
	the organization answered "Yes" t	o Form 990. Part IV. line 6		
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year) .			
4	Aggregate value at end of year	<u> </u>	<u>L</u>	
5	Did the organization inform all donors and do			onor advised
	funds are the organization's property, subject			Yes No
6	Did the organization inform all grantees, done			
	used only for charitable purposes and not for		nor advisor, or for	F-1 F-1
	purpose conferring impermissible private ber			Yes No
Part	Conservation Easements. Comp	olete if the organization ans	swered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held l	· · · —		
	Preservation of land for public use (e g , reci	reation 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	tion held a qualified conservati	on contribution in	the form of a conservation
	easement on the last day of the tax year	·		
				Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation ease		•	2b
C	Number of conservation easements on a cer			2c
d	Number of conservation easements included		and not on a	
_	historic structure listed in the National Regist			_ 2d
3	Number of conservation easements modified	i, transferred, released, extingu	iished, or termina	ated by the organization
4	during the tax year		ad <b>b</b>	
4 5	Number of states where property subject to or Does the organization have a written policy r			andling of
3	violations, and enforcement of the conservat	- ·	ig, inspection, ne	Yes No
6	Staff and volunteer hours devoted to monitor		conservation eas	
_	<b>&gt;</b>			ormania daring ara yadi
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing cons	ervation easeme	nts during the year
	▶ \$			• ,
8	Does each conservation easement reported	on line 2(d) above satisfy the r	equirements of s	ection
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			Yes No
9	In Part XIII, describe how the organization re	•		•
	balance sheet, and include, if applicable, the		inization's financi	ial statements that describes
Day	the organization's accounting for conservation		a an Othan Simi	lles A costs
Par	Organizations Maintaining Collection Complete if the organization answered			liar Assets.
1a	If the organization elected, as permitted under	-	•	
	works of art, historical treasures, or other sim			
h	of public service, provide, in Part XIII, the text If the organization elected, as permitted under			
b	works of art, historical treasures, or other sin			
	of public service, provide the following amou		omon, education,	, or research in futilitialitie
	(i) Revenues included in Form 990, Part VIII			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	, <b>v</b> .		► \$ ► \$
2	If the organization received or held works of	art, historical treasures, or other	er sımılar assets f	
	following amounts required to be reported ur			÷ .
а	Revenues included in Form 990, Part VIII, lir		-	<b>&gt;</b> \$
b	Assets included in Form 990, Part X			. • \$

Part	Organizations Maintaining	Collections of A	rt, His	storical Ti	reasures, or	Other Similar Asse	ts (con	tinue	d)
3	Using the organization's acquisition, ac	ccession, and other	records	, check any	of the following	g that are a significant			
	use of its collection items (check all the	at apply) [.]	_	_					
а	Public exhibition		d [	Loan	or exchange pr	ograms			
b	Scholarly research		е [	Other					<b>-</b>
С	Preservation for future generation	ons							
4	Provide a description of the organization Part XIII		explain	how they for	urther the orgar	nization's exempt purpo	se in		
5	During the year, did the organization s assets to be sold to raise funds rather						Ye	es 🗌	No
Part	IV Escrow and Custodial Arra IV, line 9, or reported an am				nization answ	ered "Yes" to Form 9	90, Pa	art	
1a	Is the organization an agent, trustee, o				ributions or oth	er assets not			
	included on Form 990, Part X?						Yo	es 🔙	No
b	If "Yes," explain the arrangement in Pa	art XIII and complete	the foll	lowing table	•				
						<u> </u>	mount		
C	Beginning balance .	•	•		,	1c			
d	Additions during the year			•		1d		-	<del></del>
e	Distributions during the year .	•	•	•		1e   1f			
f	Ending balance			0.40		<u> </u>			1
2a	Did the organization include an amoun						Y€	es X	No
b	If "Yes," explain the arrangement in Pa								<u></u> _
Part	V Endowment Funds. Comp						_		
_		(a) Current year	(b) F	Pnor year	(c) Two years be	ack (d) Three years back	(e) Fo	our years	back
1a	Beginning of year balance.			<del></del>			<del> </del>		
b	Contributions						┼─-		
С	Net investment earnings, gains, and losses								
d	Grants or scholarships	ļ	_	<del></del>			<del> </del>	_	
е	Other expenditures for facilities	ĺ							
	and programs						<del>  -</del>		
f	Administrative expenses .				_		+		
g 2	End of year balance Provide the estimated percentage of the	no current year and i	halance	· (line 1a c	olumo (a)) bold	36			
a	Board designated or quasi-endowmen	<del>-</del>	% %	tille ig, c	olullili (a)) lielu	as.			
b	Permanent endowment	%							
c	Temporarily restricted endowment	▶ %							
	The percentages in lines 2a, 2b, and 2		%						
3a	Are there endowment funds not in the	•		tion that are	e held and adm	inistered for the			
	organization by							Yes	No
	(i) unrelated organizations.						3a(i)		
	(ii) related organizations.		•			•	3a(ii)		ļ
b	If "Yes" to 3a(ii), are the related organi	•				•	3b		<u> </u>
4	Describe in Part XIII the intended uses								
Part	<del></del>								
	Description of property	(a) Cost or oth			ost or other is (other)	(c) Accumulated depreciation	(d) B	ook valu	е
1a	Land	/maeaule		, Das	6,525	355.00141011			6,525
b	Buildings	<del> </del>		<del> </del>	265,174	225,453			<u>0,525</u> 39,721
C	Leasehold improvements	<u> </u>			200,174	220,700	···		-U, 1 Z I
d	Equipment	<del></del>							_
e	Other .								_
Total	. Add lines 1a through 1e (Column (d)	must equal Form 990	0, Part .	X, column (	B), line 10(c))		*	4	16,246

Schedule D (Form 990) 2012

Part VII	Investments—Other Secur	<u>ities. See Form 990, Part X</u>	, line 12	
` (a)	Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial	derivatives	, . <del>.</del>		
	eld equity interests .			
(3) Other				
(B)				
(C)	••••			
(F)				
(F)				
(G)				
(H)				
<u>(I)</u>			1	
	must equal Form 990, Part X, col (B) line 12)	<b>&gt;</b>		
Part VIII	Investments—Program Re			li alian
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)				
(2)			<del></del> -	
(3)				<u> </u>
<u>(4)</u> (5)				····
(6)				· · · · · · · · · · · · · · · · · · ·
(7)				
(8)				
(9)				
(10)				<del></del>
	must equal Form 990, Part X, col (B) line 13)	<b>D</b>		
Part IX	Other Assets. See Form 99			(h) Back volue
		(a) Description		(b) Book value
(1)		<del> </del>		
(3)				
(4)				
(5)				
_(6)		<u> </u>	****	
(8)				
<u>(9)</u> (10)				
	mn (b) must equal Form 990, Part X	. col (B) line 15.)		
Part X	Other Liabilities. See Form			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
_(2)				
(3)			4	
(4)			4	
(5)				· _
<u>(6)</u> <u>(7)</u>			†	
(8)			1	
(9)				
(10)				
(11)			_	•
	) must equal Form 990, Part X, col (B) line 25)	<u> </u>	<u></u>	
	C 740) Footnote In Part XIII, provide the te			
tor uncertain ta	ax positions under FIN 48 (ASC 740). Chec	K nere it the text of the footnote has be	een provided in Part XIII	

schedu	le D (Form 990) 2012 BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC.		35-0998713	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		F 4	
а	Net unrealized gains on investments	2a	our Sus	
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Part	XII Reconciliation of Expenses per Audited Financial Statemen	ents With Expenses p	er Return	
1	Total expenses and losses per audited financial statements .		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities .	2a	1 2 34	
b	Prior year adjustments	2b	] ] [ ]	
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		337	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Par	XIII Supplemental Information		<del> </del>	
Part \	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part /, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also conal information			
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Schedule D (Form	990) 2012	BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC	35-0998713_	Page 5
Part XIII	Supple	emental Information (continued)		
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**Employer identification number** 

▶ Attach to Form 990.

BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC	NC 35-0998713	
Part I General Information on Grants and Assistance	nd Assistance	
1 Does the organization maintain records to substail	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
the selection criteria used to award the grants or assistance?	or assistance?	es No
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 Go	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990	to Form 990
Part IV, line 21, for any recipient that received more than \$5,	it received more than \$5,000. Part II can be duplicated if additional space is needed.	

Part II Grants and Part IV, line	<b>d Other,</b> e 21, for a	Assistance to any recipient th	Grants and Other Assistance to Governments and Part IV, line 21, for any recipient that received more th		n the United States can be duplicated	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ganization answered needed.	d "Yes" to Form 990
1 (a) Name and address of organization or government	ganızatıon	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MONROE CO UNITED MINIST 827 W 14TH ST	D MINIST	35-1313090	501(C)3	49,040				ASSISTANCE
(2)								
(3)								
(4)								
(5)				-				
(9)								
(i)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total number 3 Enter total number	of section of other o	501(c)(3) and greations liste	Enter total number of section 501(c)(3) and government organizat Enter total number of other organizations listed in the line 1 table .	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table .	l table		<b>A A</b>	<b>-</b>

For Paperwork Reduction Act Notice, see the Instructions for Form 990. (HTA)

Schedule I (Form 990) (2012)

BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC

	-			FMV, appraisal, other)	
Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other addition. information.	te this part to pro	vide the informatio	ה required in Part ו,	ine Z, Par III, column (r	b), and any other additional

## SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC	35-0998713
Form 990 Part V Section B Line 11 Finance committee reviews	
Form 990 Part I Section C Line LINE 19 DOCUMENTS AVAILABLE IN THE OFFICE	
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Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
BL'OOMINGTON COUNCIL OF CHURCH WOMEN, INC	35-0998713
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Department of the Treasury Internal Revenue Service

# (Including Information on Listed Property)

► See separate instructions. Attach to your tax return.

Sequence No 179

	e(s) shown on return		ss or activ	ity to which this fo	orm relates		Identifying numb	er	
	OMINGTON COUNCIL OF CHURC			las Castian di	70		35-0998713		<u> </u>
Par	<del></del>	•	•						
_	Note: If you have any listed		te Part V b	etore you compl	ete Part I			1 4 1	
	Maximum amount (see instructions)		/ ·	1 \				1	<del></del>
	Total cost of section 179 property pl						•	3	
	Threshold cost of section 179 proper Reduction in limitation Subtract line					•		4	
				•	0 If married	filing		-	
	Dollar limitation for tax year. Subtra	Ct line 4 from line	e i ii zeio	or less, enter	-o II mamed	illing		5	
6	separately, see instructions (a) Description of i	ronort.		(b) Co	st (business use	) only)	(c) Elected co	<del>'</del> -	<del></del>
ٹ	(a) Description of p	property		(b) Co:	st (business use	e Only)	(c) Elected co	St	, ,
		<del></del>							
7	Listed property Enter the amount fr	om line 29				. 7			
	Total elected cost of section 179 pro		 Lints in co	lumn (c), lines f	and 7		l	8	
	Tentative deduction Enter the sma			idiiii (0), iii 100 C	, and ,		•	9	
	Carryover of disallowed deduction f			Form 4562		•		10	
	Business income limitation. Enter the				an zero) or lin	e 5 (see instri	ictions)	11	
	Section 179 expense deduction. Ad			•	•			12	
	Carryover of disallowed deduction t				idir iii ic i r .	▶ 13			
	e: Do not use Part II or Part III belo						L		
Par					n (Do not in	clude listed r	property ) (See	instru	uctions )
	Special depreciation allowance for								
	during the tax year (see instructions	• • •	, (	него при орга	, , p			14	
	Property subject to section 168(f)(1						_	15	
	Other depreciation (including ACRS	•					·	16	
	t III MACRS Depreciation		de listed	property.) (Se	ee instruction	ns.)			-
				ion A		·-·/			
17	MACRS deductions for assets place	ed in service in t	ax vears	beginning befor	e 2012			17	7,752
	•								
18	If you are electing to group any ass	ets placed in sei	rvice durir	ng the tax year i	nto one or mo	re		· · · · · ·	
	If you are electing to group any ass general asset accounts, check here		rvice durir	ng the tax year i	nto one or mo	re	<b>▶</b> □		
	general asset accounts, check here	)		•			▶ □		
		s Placed in Ser	vice Durir	ng 2012 Tax Ye			eciation System		,
	general asset accounts, check here Section B - Assets	S Placed in Sen (b) Month and	vice Durin	ng 2012 Tax Ye s for depreciation	ar Using the (	Seneral Depre			
	general asset accounts, check here	s Placed in Ser	vice Durit (c) Basi (busines	ng 2012 Tax Ye	ar Using the (		eciation System		preciation deduction
	general asset accounts, check here Section B - Assets  (a) Classification of property	S Placed in Sen (b) Month and year placed	vice Durit (c) Basi (busines	. ng 2012 Tax Ye s for depreciation s/investment use	ar Using the (	Seneral Depre			
	general asset accounts, check here Section B - Assets  (a) Classification of property  a 3-year property	S Placed in Sen (b) Month and year placed	vice Durit (c) Basi (busines	. ng 2012 Tax Ye s for depreciation s/investment use	ar Using the (	Seneral Depre			
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	general asset accounts, check here  Section B - Assets  (a) Classification of property  a 3-year property  b 5-year property	s Placed in Serv (b) Month and year placed in service	vice Durit (c) Basi (busines	. ng 2012 Tax Ye s for depreciation s/investment use	ar Using the (	Seneral Depre			
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	general asset accounts, check here  Section B - Assets  (a) Classification of property  a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property	s Placed in Serv (b) Month and year placed in service	vice Durit (c) Basi (busines	. ng 2012 Tax Ye s for depreciation s/investment use	ar Using the (	Seneral Depre			
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	general asset accounts, check here  Section B - Assets  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property	s Placed in Serv (b) Month and year placed in service	vice Durit (c) Basi (busines	. ng 2012 Tax Ye s for depreciation s/investment use	(d) Recovery period	General Depre	(f) Method		
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