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Fet 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

and ending For the 2014 calendar year, or tax year beginning C Name of organization BLOOMINGTON COUNCIL OF CHURCH WOMEN, IN D Employer identification number Check if applicable Doing business as OPPORTUNITY HOUSE Address change Number and street (or PO box if mail is not delivered to street address) Room/suite 35-0998713 Name change 1149 LINDEN DRIVE E Telephone number Initial return City or town State ZIP code (812) 336-2300 BLOOMINGTON ١N 47408-1277 Inal return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return 135,911 Gross receipts \$ F Name and address of principal officer Application pending H(a) is this a group return for subordinates? JILL ARGENBRIGHT 907 W 11TH ST, BLOOMINGTON, IN 47404 H(b) Are all subordinates included? X 501(c)(3) If "No," attach a list (see instructions) Tax-exempt status 501(c) () **◀** (insert no) Website: ▶ H(c) Group exemption number ▶ Х K Form of organization Corporation Trust Association Other > L Year of formation 1940 M State of legal domicile IN Part I Summary Briefly describe the organization's mission or most significant activities SUPPORT MONROE COUNTY UNITED MINISTRIES Activities & Governance 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 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 2 Total number of volunteers (estimate if necessary) 6 100 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line和CEIVED 14.503 1,060 Revenue 9 Program service revenue (Part VIII line 2g) 0 Investment income (Part VIII, dolumn (A), lines 3, 4, and 7d) 10 1.990 464 Other revenue (Part VIII, columa (A), limes 5,36d &c) & 10c and 11e) 11 132,197 134,387 Total revenue—add lines 8 through 1/1 (must equal Part VIII, column (A), line 12) 12 148,690 135,911 Grants and similar amounts paid (Part X column (A) lines 1–3)
Benefits paid to or for members (Part X column (A) line 4) 13 148.070 48,010 14 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 64,699 15 62,325 Professional fundraising fees (Part IX, column (A), line 11e). 16a 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 26,823 37.804 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 239,592 148,139 19 Revenue less expenses Subtract line 18 from line 12 -90,902 -12,228End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 370.090 357,419 21 Total liabilities (Part X, line 26) 2,107 2,550 Net assets or fund balances Subtract line 21 from line 20 367.540 355,312 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here MARGARET E HATHAWAY, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check X if Paid M PHIL HATHAWAY, CPA M PHIL HATHAWAY, CPA 4/13/2015 self-employed P00583944 Preparer ▶ M PHIL HATHAWAY, CPA Firm's EIN ► 30-8285042 Firm's name **Use Only** Firm's address ► 1149 LINDEN DR, BLOOMINGTON, IN 47408-1277 (812) 336-2300 Phone no

No

X Yes

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

Form 990 (2014)	BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC
;Part IÌI	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
,	escribe the organization's mission

	Officer in Confedence C Con	ntains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's miss SUPPORT MONROE COUNTY UNITE	sion ED MINISTRIES, SUPPORT DAY CARE CENTER AND FOC	DD BANK
2	Did the organization undertake any sig	prificant program services during the year which were not list	red on
-	the prior Form 990 or 990-EZ?	initioant program services during the year which were not list	Yes X No
	If "Yes," describe these new services of	on Schedule O	
3		i, or make significant changes in how it conducts, any progra	m
•	services? .	, or make digrimount changes in now it conducts, any progra	Yes X No
	If "Yes," describe these changes on So	chedule O	
4		ervice accomplishments for each of its three largest program	services as measured by
		c)(4) organizations are required to report the amount of grant	
	the total expenses, and revenue, if any		
	,		
4a	(Code) (Expenses \$	148,139 including grants of \$ 0)	(Revenue \$)
	SUPPORT MCUM AND ITS PROGRA	MS	
4b	(Code) (Expenses \$	including grants of \$)	(Revenue \$)
	(
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4c		including grants of \$)	
	(Code) (Expenses \$ Other program services (Describe in S	including grants of \$)	

P <u>art</u>	Checklist of Required Schedules		· · ·	T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Г	Yes	No
•	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	}	i	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
6	Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_ 5		X
Ū	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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	. <u>8</u>		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			١.,
40	negotiation services? If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		 ^
••	VII, VIII, IX, or X as applicable	ĺ		
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	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1	İ	Ì
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	الممما		
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		<u> </u>
·	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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	├	X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	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 other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	i		
	assistance to or for foreign individuals? 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			,
46	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		X
13	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Part IV	Check	list of Rec	uired Sche	dules	(continued
	ı Gileer	1131 01 1100	141104 00110		100,,,,,,,,

			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	х	
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
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		Х
	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			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	 .	Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u></u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
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? <i>If "Yes," complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		72.4	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	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	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		ŀ	
	Part I	31	 	X
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		х
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		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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	35b		ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
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	3-		
	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	x	
			990	(2014)

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	990 (2014) BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC 35-099	<u>8713</u>	P	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V.	· ·		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 0	`.*	, `**. B	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	ł	, ,	,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		- -	<u> </u>
0-	gaming (gambling) winnings to prize winners?.	1c	_X_	├
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 2a 2]
b	Statements, filed for the calendar year ending with or within the year covered by this return [2a] If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	 ^-	\vdash
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	<u> </u>	 ^`
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	 	-	T^-
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		ļ	1
	account)?	4a		X
b	If "Yes," enter the name of the foreign country	,	, <i>'</i>	
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts	Ì	134	
	(FBAR)		, , ,	.
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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		1	
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	· ·		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		·	- <u>-</u> -
	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	├	├—
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c	₩	X
d		70	·}	-
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	╁	x
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	 	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	 '''	 	 ^
Ū	sponsoring organization have excess business holdings at any time during the year?	8	 	X
9	Sponsoring organizations maintaining donor advised funds.	۲	 	 ^
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12]	· .	İ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0		1	
11	Section 501(c)(12) organizations. Enter		ļ	
а	Gross income from members or shareholders	1	1	Ì
b	Gross income from other sources (Do not net amounts due or paid to other sources	ļ	j	
	against amounts due or received from them) . [11b]	ļ	<u> </u>	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	├
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	┨	ľ	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
	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	1	
_	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	{		[
C 1/12	Enter the amount of reserves on hand .	14-	\vdash	X
14a b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b	 	 ^
	ii 100, had thind a form 720 to report these payments in 140, provide an explanation in conedule O	עדון	1	1

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BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

	Check if Schedule O contains a response of note to any line in this Part VI.	<u> </u>	• •	<u> 1</u>	ᆜ.
Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 15	4 1	Ì	1
	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			,	1
	committee, explain in Schedule O	41 45	. ,	37	
b	Enter the number of voting members included in line 1a, above, who are independent	1b 15	4. 1	1,0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	inip 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				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets /	6		x
6 	Did the organization have members or stockholders?	annoint			 ^-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	арропц	7a	Х	
I.	one or more members of the governing body? Assessment of the governing body?		/a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	9	7b		x
	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertake	n during	"		<u> </u>
8	the year by the following	ii duiliig		:	
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached			
J	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	Internal Revenue	Code.)	
<u> </u>	ion B. I onoice (Time coolien B requeste information about pension for require by the		1	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1,	
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		12b	Х	
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 appro				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	4		\
а	The organization's CEO, Executive Director, or top management official	•	15a	<u> </u>	- ^
b	Other officers or key employees of the organization		15b	ļ	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	roment			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements assets to a participate in a joint venture or similar arrangements.	jement	45-	 -	,
	with a taxable entity during the year?	ioto ito	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of th				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guaru	16b		J
0	the organization's exempt status with respect to such arrangements?	·	TOD	<u> </u>	L
	List the states with which a copy of this Form 990 is required to be filed IN		-		
17 18	List the states with which a copy of this Form 990 is required to be filed ► IN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)/	3)s only	ν)	
10	available for public inspection. Indicate how you made these available. Check all that apply		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	
		kplain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,			nd	
13	financial statements available to the public during the tax year	p	,,	-	
20	State the name, address, and telephone number of the person who possesses the organization's	books and records	•		
)		
	MARGARET E HATHAWAY				

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co.	npensated	
Form 990 (2014)	BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC	35-0998713	Page
•			

	Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) JILL ARGENBRIGHT	20 00									
PRESIDENT	0 00			Х						
(2) MARGARET HATHAWAY	4 00									
TREASURER	0 00			X						
(3) PAM DYER	4 00									
SECRETARY	0 00			X						
(4)										
(5)										
(6)										· · · · · · · · · · · · · · · · · · ·
(7)										
(8)										
(9)										
(10)										
(11)		-								
(12)										
(13)										
(14)										

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Pa	Section A. Officers, Directors, Tru	stees, Key Em	oloye	es,	and	Hi	ghest	Co	mpensated Em	ployees (contin	ued)
	(A) Name and title	(B) Average hours per week (list any				an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)											
(16)										-	
(17)											
(18)									<u></u>		
(19)											
(20)											
(21)										-	-
(22)											
(23)								_			
(24)				-							
(25)											
1b	Sub-total Total from continuation sheets to Part VII, Se	ection A	<u>!</u>			<u> </u>	1	>	0	·	· · · · · · · · · · · · · · · · · · ·
2 2	Total (add lines 1b and 1c) Total number of individuals (including but not line reportable compensation from the organization	mited to those lis	sted a	abov	/e) v	who	recei	▶ ved	0	0	
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Scheo	ector, or trustee,			loye	ee, c	or high	hes	t compensated		Yes No 3 X
4	For any individual listed on line 1a, is the sum the organization and related organizations greated individual	of reportable cor ater than \$150,0	mpen 00? <i>l</i>	isati If "Yi	on a es, "	and con	other n <i>plete</i>	cor So	mpensation from thedule J for suc	ch .	4 X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "Y									vidual	5 X
Sec 1	cion B. Independent Contractors Complete this table for your five highest compector compensation from the organization. Report converse year.	ensated independence on pensation for	ident the c	con	trac	tors	that o	rece	eived more than with or within th	\$100,000 of e organization's	tax
	(A) Name and business add	iress							(B) Description of se	rvices	(C) Compensation
					_			<u> </u>			0
											0
	Total number of independent contractors (inclu	iding but not limi	ted to	n the	166	lieto	nd abo	TAB)	who received	2043	C
2	more than \$100,000 of compensation from the		→	- 410	,		0				

Part VIII

		Check if Schedule O contains	s a response o	or n	ote to any line in	this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क्ष क	1a	Federated campaigns .	<u> </u>	1a	0				1
ran	b	Membership dues		1b	0				
일	С	Fundraising events .		1c	0			,	
쁥딃	d	Related organizations	[·	1d	0				
8, E	е	Government grants (contribution	s) ·	1e	0				
를 I	f	All other contributions, gifts, gran	· —	\exists					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abo		1f	1,060				
其입	g	Noncash contributions included in		\$	0				
ပြွန်	h	Total. Add lines 1a-1f		•	•	1,060			
		rotali, italiinoo ia ii		Ī	Business Code	1,000			
ğ	2a			Ì					
Program Service Revenue	b			ŀ		0			
				ŀ		0			
ž	C			ŀ		0		·	-
Se	d			ŀ			_		
Гап	e	All all and a second		ŀ		0	·		
ē.	T	All other program service revenu	ie	l		0			<u> </u>
	g	Total. Add lines 2a–2f				0		-	ļ
	3	Investment income (including div	viaenas, intere	est,	and	404			İ
		other similar amounts)				464			<u> </u>
	4	Income from investment of tax-e	roc	eeds -	0				
	5	Royalties .	() 5 1		(a) Dansand	0			
	_	_	(ı) Real		(ii) Personal		1		
	6a	Gross rents .		\dashv					
	b	Less rental expenses							
	С	Rental income or (loss)		0	0				
	d	Net rental income or (loss)			•	0			
	7a	Gross amount from sales of	(i) Securities	\rightarrow	(II) Other				
		assets other than inventory	ļ	0	0				
	b	Less. cost or other basis	1						
		and sales expenses		_이	0				
	C	Gain or (loss)		0	0	=		+	
	d	Net gain or (loss)		,	<u> </u>	0			<u> </u>
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line	•						
Ē		See Part IV, line 18		a	0		_		
ਰ∣	b	Less direct expenses .		b [0	0		- 	
	C	Net income or (loss) from fundra	_	ſ		U			<u> </u>
	Ja	Gross income from gaming active See Part IV, line 19		_	0				
	b	Less direct expenses .		a b					
		Net income or (loss) from gamin	-	ן ט		0			-
		Gross sales of inventory, less	y activities	[U			
	IUa	returns and allowances .			124 207				
	_			a b	134,387			ĺ	
	b	Less cost of goods sold		D [124 207			
	<u>c</u>	Net income or (loss) from sales of Miscellaneous Revenue	or inventory	Ţ	Business Code	134,387	· · · · · · · · · · · · · · · · · · ·	 	
	11a	Miscellaneous Revenue		-	Pusiness Code	 O			
1				ł		0			
	b			ŀ		0			
	C	All other recent		ł				 	
	d	All other revenue	•	Ĺ	<u> </u>	0			
	e	Total royanus Sas instructions	-			135.011		_	+

	90 (2014) BLOOMINGTON COUNCIL OF CHURCH	I WOMEN, INC		35-099	98713 Page 10
Par					
Section	on 501(c)(3) and 501(c)(4) organizations must complete all			omplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	ırt IX		
	not include amounts reported on lines 6b, 7b, 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 domestic organizations		одроносо	general expenses	CAPCIISES
	domestic governments See Part IV, line 21 .	48,010	48,010		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22.	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,		}		
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	54,134	54,134		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4,050	4,050		
9	Other employee benefits	0			
10	Payroll taxes	4,141	4,141		
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0		, . <u></u>	
C	Accounting .	0			· - ·
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13 14	Office expenses Information technology .	0			
15	Royalties	0			
	_ `		26 202		·
16 17	Occupancy	26,283	26,283		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	0			 ,
20	Interest .	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,757	7,757	0	0
23	Insurance .	3,676	3,676		
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)				
а	BAD CHECKS	88	88		
b		0			

d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	148,139	148,139	0	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				

fundraising solicitation Check here following SOP 98-2 (ASC 958-720)

34

Total liabilities and net assets/fund balances

Pa	rt X						——————————————————————————————————————
		Check if Schedule O contains a response or	note to	any line in this Part X			
					(A)		(B)
· · · · · ·	_				Beginning of year		End of year
ŀ	1	Cash—non-interest-bearing		· -	52,932		52,987
	2	Savings and temporary cash investments		<u> </u>	273,559	2	265,233
	3	Pledges and grants receivable, net		-	0	_3_	0
	4	Accounts receivable, net	0	4	. 0		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens					
	_	Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified personal to the control of th					
		4958(f)(1)), persons described in section 4958(c)(3)(B), a				-	[-
, <u>,</u>		sponsoring organizations of section 501(c)(9) voluntary e		es' beneficiary	<u> </u>		
Assets	_	organizations (see instructions) Complete Part II of Scho	edule L			6	0
\ss	7	Notes and loans receivable, net		}-	5 000	7	5,000
1	8	Inventories for sale or use		-	5,000	8	5,000
	9	Prepaid expenses and deferred charges	1	۱ - F	· · · · · · · · · · · · · · · · · · ·	9	
	10a	Land, buildings, and equipment cost or	1	075 404			
		other basis Complete Part VI of Schedule D	10a	275,161	38,599	10c	34,199
	b	Less accumulated depreciation	10b	240,962		11	34,199
	11	Investments—publicly traded securities		-	0	12	0
	12	Investments—other securities See Part IV, line		• -	0	13	0
	13	Investments—program-related See Part IV, line	0	14	0		
	14	Intangible assets	-	0		0	
	15	Other assets See Part IV, line 11 .	معبا امر	24)	370,090		357,419
	16	Total assets. Add lines 1 through 15 (must equ	iai iine	34)	2,550		2,107
	17	Accounts payable and accrued expenses	-	2,330	18	2,107	
	18	Grants payable	 ·	19			
	19	Deferred revenue .			20		
	20	Tax-exempt bond liabilities Escrow or custodial account liability Complete	of Schedule D		21		
"	21	Loans and other payables to current and forme					
ţį	22	trustees, key employees, highest compensated	d emplo	vees and			
量		disqualified persons Complete Part II of Sched		1		22	-
Liabilities	23	Secured mortgages and notes payable to unre		urd parties	0		0
	24	Unsecured notes and loans payable to unrelate			0		0
	25	Other liabilities (including federal income tax, p					
	- "	parties, and other liabilities not included on line					
		Part X of Schedule D		,	0	25	0
	26	Total liabilities. Add lines 17 through 25			2,550	26	2,107
	1	Organizations that follow SFAS 117 (ASC 95	(8) che	eck here and			
es		complete lines 27 through 29, and lines 33 a			- -		
ဋ		-				27	
<u> </u>	27	Unrestricted net assets		28	 		
8	28 29	Temporarily restricted net assets Permanently restricted net assets				29	
Ĕ	29	ř					
F		Organizations that do not follow SFAS 117 (ASC958)), check	here ► X and			
Net Assets or Fund Balances		complete lines 30 through 34.		ļ			
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or e		r		31	055.040
et,	32	Retained earnings, endowment, accumulated	ıncome	, or other funds	367,540	† 	355,312
Z	33	Total net assets or fund balances		}	367,540		355,312
	34	Total liabilities and net assets/fund balances			370,090	34	357,419

Form 9	990 (2014) BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC	35-0	998713	Pag	<u>je 12</u>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		135	5,911
2	Total expenses (must equal Part IX, column (A), line 25)	2		148	3,139
3	Revenue less expenses. Subtract line 2 from line 1	3		-12	2,228
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		367	7,540
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,	1			
	column (B))	10		355	5,312
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	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?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		- 7		
	reviewed on a separate basis, consolidated basis, or both			w _e z in	
	Separate basis Consolidated basis Both consolidated and separate basis			•	· '
b	Were the organization's financial statements audited by an independent accountant?		2b		X
D.	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				
			1 1		
			-		
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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
_	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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u>.</u>	. 3b	000	<u> </u>
			Form	990	(2014)

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

▶ Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

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). 1 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). 4 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. C its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III e functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations 0 Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (IV) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

instructions

BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC 35-0998713 Schedule A (Form 990 or 990-EZ) 2014 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 (d) 2013 (e) 2014 (f) Total (a) 2010 **(b)** 2011 (c) 2012 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 0 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0 Public support. Subtract line 5 from line 4 **Section B. Total Support** (d) 2013 (e) 2014 **(b)** 2011 (c) 2012 (f) Total Calendar year (or fiscal year beginning in) (a) 2010 0 0 0 0 0 0 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 0 sources Net income from unrelated business activities, whether or not the business is 0 regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 0 00% 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 15 15 Public support percentage from 2013 Schedule A, Part II, line 14 16a 33 1/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

20

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.

Sec	tion A. Public Support	illy under the t	esis listed beid	w, please com	piete Fait II)		
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(3) 2011	(0) 20.2	(4) 20.0	(0) 20	(i) iotai
-	received (Do not include any "unusual grants")	o	2,106	3,326	14,503	1,059	20,994
2	Gross receipts from admissions, merchandise	_	1, 1	-,			
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	138,101	130,399	139,765	132,197	135,447	675,909
3	Gross receipts from activities that are not an	100,101	100,000	100,700	102,107	100,447	070,000
·	unrelated trade or business under section 513				į.		0
4	Tax revenues levied for the organization's						<u></u>
•	benefit and either paid to or expended on			ŀ			
	its behalf						0
5	The value of services or facilities						
•	furnished by a governmental unit to the					İ	
	organization without charge						0
6	Total. Add lines 1 through 5	138,101	132,505	143,091	146,700	136,506	696,903
	Amounts included on lines 1, 2, and 3		.02,000	1,10,001	1 10,7 00		300,000
, a	received from disqualified persons						0
h	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				l		0
_	Add lines 7a and 7b	o	0	0	o	0	
8	Public support (Subtract line 7c from		ď			·	
0	line 6)						696,903
Sec	ction B. Total Support			1		<u> </u>	090,900
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	138,101	132,505	143,091	146,700	136,506	696,903
	Gross income from interest, dividends,		102,000	140,001	140,700	100,000	000,000
IVa	payments received on securities loans,						
	rents, royalties and income from similar sources	7,588	323	449	1,990	464	10,814
h	Unrelated business taxable income (less	1,000		110	1,000		10,011
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
c	Add lines 10a and 10b	7,588	323	449	1,990	464	10,814
11	Net income from unrelated business	7,000	020		1,000		10,01-
•••	activities not included in line 10b, whether						
	or not the business is regularly carried on						o
12	Other income Do not include gain or						
12	loss from the sale of capital assets					ĺ	
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,						
13	and 12)	145,689	132,828	143,540	148,690	136,970	707,717
14	First five years. If the Form 990 is for the org						701,717
1-7	organization, check this box and stop here	gamzation s mst, st	scona, uma, rouru	i, or militax year a	3 4 30011011 30 1 (0)(5,	▶□
500	ction C. Computation of Public Sup	nort Porcenta				 · ·	
						15	09 479/
15	Public support percentage for 2014 (line 8, co			7))	-	15	98 47%
16	Public support percentage from 2013 Schedu					16	97 87%
	ction D. Computation of Investment			lump (f)		17	4 500/
17	Investment income percentage for 2014 (line			olumn (1))	}	17	1 53%
18	Investment income percentage from 2013 Sc			4 and line 45 in in-	ero than 22 4/00/	18	2 13%
19a						and line 17 IS	⊾ [⊽
L	not more than 33 1/3%, check this box and st 33 1/3% support tests—2013. If the organiz					13 1/3% and	▶ <u>X</u>
J	line 18 is not more than 33 1/3%, check this b						. •

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

360	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		103	NO
	class or purpose, describe the designation of historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
-	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		 	
Ja		3a		
	(b) and (c) below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
b		,	٠	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	3b	 	
	organization made the determination	30	, .	_
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)		 	
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	_3c_	 	╁
4a	, , , , , , , , , , , , , , , , , , , ,		ļ	ļ
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	-	├
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	-	ĺ	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	- <u>-</u> -	<u> </u>	
	despite being controlled or supervised by or in connection with its supported organizations.	4b	_	
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		. "	1
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			ļ
	purposes	4c	1	-
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		ļ	
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a	igspace	↓
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	<u> </u>		
	designated in the organization's organizing document?	5b	ļ	<u> </u>
	a to the state of		1	ł

- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

6

7

8

9a

9b

9c

10a

Part	Supporting Organizations (continues)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			, <i>-</i> [!]
	below, the governing body of a supported organization?	11a	_	X
b	A family member of a person described in (a) above?	11b		X
Soot	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Secu	ion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	+		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		X
2	Did the organization operate for the benefit of any supported organization other than the supported	·		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		X
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			,
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed			L
	the supported organization(s)	1	l	X
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			İ
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	X
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2	<u> </u>	
•	the organization maintained a close and continuous working relationship with the supported organization(s) By reason of the relationship described in (2), did the organization's supported organizations have a	 _	 	-
3	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		X
Sect	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uction	e)	•
' a	The organization satisfied the Activities Test. Complete line 2 below	ucuo	J ,	
_	The organization is the parent of each of its supported organizations. Complete line 3 below			
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instruc	ctions,)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-	<u> </u>	
	that these activities constituted substantially all of its activities	2a	X	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			;
	reasons for the organization's position that its supported organization(s) would have engaged in these			<u> </u>
	activities but for the organization's involvement	2b	-	X
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			<u> </u>
_	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	 	├
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	OURS SUPPORTED OFGANIZABOOS CILL YES - DESCRIDE ID PART VI IDE TOIE DIAVEG DV IDE OFGANIZABOD IN TRIS FEGA F G	ı SD	1	i

3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4 Enter greater of line 2 or line 3	4	0
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		
emergency temporary reduction (see instructions)	6	0
7 Check here if the current year is the organization's first as a non-function instructions)	onally-integrated Type III su	upporting organization (see
	S	schedule A (Form 990 or 990-EZ) 2014

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Current Year

3 Subtract line 2 from line 1d

7 Recoveries of prior-year distributions

Section C - Distributable Amount

8 Minimum Asset Amount (add line 7 to line 6)

6 Multiply line 5 by 035

2 Enter 85% of line 1

see instructions)

4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

1 Adjusted net income for prior year (from Section A, line 8, Column A)

Part \	Type III Non-Functionally Integrated 509(a)(3	<u>) Supporting Organi</u>	zations (continued)	
Section	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported	1	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6_			···	
7	Total annual distributions. Add lines 1 through 6		<u>.</u>	0
8	The state of the s	he organization is respor	nsive	
	(provide details in Part VI) See instructions			
9				0
10	Line 8 amount divided by Line 9 amount	,		0 000
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
<u>a</u>	<u> </u>			
b_				
С				
d				
	From 2013			
f	Total of lines 3a through e	0		
	Applied to underdistributions of prior years		0	, , - ,
<u>h</u>	Applied to 2014 distributable amount			0
i_	Carryover from 2009 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2014 from Section			
	D, line 7 \$ 0			
	Applied to underdistributions of prior years		0	·
	Applied to 2014 distributable amount			0
	Remainder Subtract lines 4a and 4b from 4	0		
5	Remaining underdistributions for years prior to 2014, if			,
	any Subtract lines 3g and 4a from line 2 (if amount			!
	greater than zero, see instructions)		0	
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			0
7	Excess distributions carryover to 2015. Add lines 3j			, •
	and 4c	0		
8	Breakdown of line 7			
<u>a</u>				
<u>b</u>				
<u></u>		<u> </u>		
d_	Excess from 2013 0		. .	
<u>e</u>	Excess from 2014 . 0	<u> </u>	,	

Schedule A (Fe	orm 990 or 990-EZ) 2014	BLOOMINGTON	OUNCIL OF	CHURCH WOME	EN, INC	35-0998 <u>7</u> 13 Page 8
Part VI		formation Provi	de the explan	ations required	by Part II line 10 Pa	rt II, line 17a or 17b; and
T WITE OI		laa samulata thia	actic explain	dditional inform	estion (See instruction	ne)
	Part III, line 12 A	iso compiete this	part for any a	<u>uditional inform</u>	nation (See instruction	15).

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• S	section 501(c)(4), (5), or (6) o	rganizations Complete Part III			
Nam	e of organization			Employ	er identification number
BLO	OMINGTON COUNCIL OF	F CHURCH WOMEN, INC			35-0998713
Pai		he organization is exempt und			organization.
1	Provide a description of the	he organization's direct and indirect p	olitical campaign a		
2	Political expenditures			▶ \$	0
3	Volunteer hours		•	•	6,250
Pai	rt I-B Complete if t	he organization is exempt und	ler section 501	(c)(3).	
1		excise tax incurred by the organization			0
2	Enter the amount of any	excise tax incurred by organization m	anagers under sed		0
3	•	ed a section 4955 tax, did it file Form	•)	Yes X No
4a	Was a correction made?		•		Yes No
b	If "Yes," describe in Part I	IV			
		he organization is exempt und	ler section 501	c), except section 50	1(c)(3).
1	Enter the amount directly	expended by the filing organization f	or section 527 exe	empt function	
	activities			· • •	S
2	Enter the amount of the fi	iling organization's funds contributed	to other organizati	ons	
	for section 527 exempt fu	inction activities .		▶ \$	3
3	Total exempt function exp	penditures. Add lines 1 and 2 Enter h	ere and on Form 1	1120-POL,	
	line 17b .	•		. ▶ \$	0
4		file Form 1120-POL for this year?			Yes No
5		ses and employer identification numb			
		ents For each organization listed, en			
		ntributions received that were prompt I fund or a political action committee			
	as a separate segregates				, intermediction at 14
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization if
					none, enter -0-
					
(1)		}			
(2)					
				·	
(3)					
(4)					
(5)					
(5)	<u> </u>				
(6)					

Schedule C (Form 990 or 990-EZ) 2014

Page 2

P	Complete if the organization	is exempt ι	ınder section 50)1(c)(3) and filed	Form 5768 (ele	ction
	under section 501(h)). Check ▶ if the filing organization below	ongs to an a	ffiliated group (ar	nd list in Part IV e	each affiliated gro	up member's
	name, address, EIN, expen					
В	Check ▶ if the filing organization che					
	Limits on Lobby (The term "expenditures" mea				(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public	c opinion (gras	ss roots lobbying)			0
b	Total lobbying expenditures to influence a legi					0
С	Total lobbying expenditures (add lines 1a and	1b)			0	0
d	Other exempt purpose expenditures	-				0
е	Total exempt purpose expenditures (add lines	1c and 1d)			0	0
f	Lobbying nontaxable amount Enter the amou		llowing table in both	า		
	columns		•		0	0
	If the amount on line 1e, column (a) or (b) is:	The lobbyin	g nontaxable amou	nt is:		1
	Not over \$500,000		mount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				:
g	Grassroots nontaxable amount (enter 25% of	line 1f)		•	0	0
h	Subtract line 1g from line 1a If zero or less, e	enter -0-		•	0	0
i	Subtract line 1f from line 1c If zero or less, el	nter -0		•	0	0
j	If there is an amount other than zero on eithe	r line 1h or line	e 1ı, dıd the organız	ation file Form 472	0 reporting	
•	section 4911 tax for this year?			•		Yes No
	4-Ye	ear Averaging	Period Under sec	tion 501(h)		
	(Some organizations that made a sec	ction 501(h) e	lection do not hav	e to complete all o	of the five columns	below.
			tructions for lines			
	Lobbying	g Expenditure	es During 4-Year A	veraging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount		0	0	0	0
_ <u>b</u>	Lobbying ceiling amount (150% of line 2a, column(e))		· · · · · · · · · · · · · · · · · · ·			0
_ c	Total lobbying expenditures		0	0	0	0
d			0	. 0	0	0
_e	Grassroots ceiling amount (150% of line 2d, column (e))			` ` ` ` `		0
1	Grassroots lobbying expenditures		0	0	0	o

Par	II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed	d For	m 5768 —	3	
For e	each "Yes," response to lines 1a through 1ı below, provide in Part IV a detailed description		a)		(b)	
of th	e lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local	1				
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
а	Volunteers?		X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
C	Media advertisements?	L	X			
d	Mailings to members, legislators, or the public?		X			
е	Publications, or published or broadcast statements? .		_ X_	<u></u>		
f	Grants to other organizations for lobbying purposes?	<u> </u>	X			
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	ļ	X			
h	Rallies, demonstrations, seminars, conventions, speeches, tectures, or any similar means?	├	X			
!	Other activities?		X			
J	Total Add lines 1c through 1i	 		ļ		0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912.		X			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	İ				
_	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	III-A Complete if the organization is exempt under section 501(c)(4), section 501	 (c)(5)	ors	ection		
	501(c)(6).	.(=)(=)	, 0. 0		•	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	<u> </u>	<u> </u>
Par	III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."					3, is
1	Dues, assessments and similar amounts from members .		1	<u> </u>		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).		<u> </u>	ł		
a	Current year		2a			
b	Carryover from last year		2b	 		
C	Total Aggregate amount reported in control 6033(c)(1)(A) nations of pandadustible control 163(c) dues		2c 3	-		0
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		├ -	-		
*	excess does the organization agree to carryover to the reasonable estimate of nondeductible		İ	1		
	lobbying and political expenditure next year?		4	1		
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Part		_		<u> </u>		
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	p list),	Part II	-A, line:	s 1 an	d
2 (se	e instructions), and Part II-B, line 1 Also, complete this part for any additional information					
-		-				
				-		
				·		
				·		

Şchedule C (Fo	om 990 or 990-EZ) 2014	Page 4
Part IV	Supplemental Information (continued)	
· artiv	oupplemental information (community)	

BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC

35-0998713

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Employer identification number Name of the organization 35-0998713 BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 0 1 Aggregate value of contributions to (during year) . 2 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a а 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990. Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included in Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X

Part	Organizations Maintaining	Collections of A	rt, Histo	<u>orical Tr</u>	easures, oi	· Othe	er Similar Asse	ets (con	<u>tinue (</u>	<u> </u>
3	Using the organization's acquisition, ac	ccession, and other i	records, o	check any	of the follows	ng tha	t are a significant			
	use of its collection items (check all that	at apply).								
а	Public exhibition		d 📋	Loan	or exchange p	orograi	ms			
b	Scholarly research		e 🗌	Other						
С	Preservation for future generation	ons								
4	Provide a description of the organization Part XIII	on's collections and	explain h	ow they fu	irther the orga	anızatı	on's exempt purp	ose ın		
5	During the year, did the organization so assets to be sold to raise funds rather							☐ Ye	. []	No
Dort			d do part		<u></u>	Oncouc		<u> </u>	<u>"</u>	
Part				000 0	4 IV / line O .		adad an amau	nt an Ea		
	Complete if the organization	answered tes	o Form	990, Par	tiv, line 9,	or rep	orted an amou	iii oii Fo	1111	
	990, Part X, line 21		1 .							
1a	Is the organization an agent, trustee, c	ustodian or other int	ermediar	y for contr	ributions or ot	ner as	sets not			N.
	included on Form 990, Part X?		Alaa falla.					Y€	es	No
b	If "Yes," explain the arrangement in Pa	irt XIII and complete	the follow	wing table				Amoust	-	
_	Deciment belower							Amount		
C.	Beginning balance .		•	•	•	10		·		0
d	Additions during the year			•		10				
e	Distributions during the year	•				10		· · - · · -		
T	Ending balance					1				0
2a	Did the organization include an amoun	it on Form 990, Part	X, line 2	1, for escr	ow or custodi	al acco	ount liability?	Ye	s 🔼	No
b	If "Yes," explain the arrangement in Pa	irt XIII Check here if	f the expl	anation ha	as been provi	ded in	Part XIII			
Part	V Endowment Funds.					-				
	Complete if the organization	answered "Yes"	to Form	990, Par	t IV, line 10					
		(a) Current year	(b) Pro		(c) Two years		(d) Three years back	k (e) Fo	ur years	back
1a	Beginning of year balance	0		0						
b	Contributions .									
c	Net investment earnings, gains,				-			- 		
	and losses									
d	Grants or scholarships .									
e	Other expenditures for facilities									
C	and programs .							ŀ		
	Administrative expenses .							+		
'	End of year balance	o		0		0		0		
9	Provide the estimated percentage of the		halance /		lump (a)) bel			<u> </u>		
۷_	Board designated or quasi-endowmen		%	iiile ig, cc	numm (a)) men	u as				
a	Permanent endowment		/0_							
b		<u>%</u>								
С	Temporarily restricted endowment The percentages in lines 2a, 2b, and 2) <u>/</u>							
3a	Are there endowment funds not in the			n that are	held and add	miniete	red for the			
Ja		possession of the of	gariizatic	ni tilat ale	riela aria adi	IIIIIISIC	ied for the		Yes	No
	organization by. (i) unrelated organizations							3a(i)	163	140
	•						•			
l.	(ii) related organizations			Cabadula	D0			3a(ii) 3b		
b	If "Yes" to 3a(ii), are the related organi					•	•	30		<u> </u>
4	Describe in Part XIII the intended uses		s endowr	nent tuna	<u>s</u>	.	-			
Part			. –	000 B-		- 0-			40	
	Complete if the organization	answered "Yes"	to Form				T			
	Description of property	(a) Cost or oth			ost or other	•) Accumulated	(d) B	ook valu	е
		(investme		bası	s (other)		depreciation			
1a	Land		0		6,525					6,525
b	Buildings		0		268,636		240,962		2	27 <u>,674</u>
C	Leasehold improvements		0		0		0			0
d	Equipment		0	ļ	0		0			0
е	Other	<u> </u>	0	<u> </u>	0		0			0
Total	Add lines 1a through 1e (Column (d)	must equal Form 99	0. Part X.	column (i	B), line 10c)		▶		3	34.199

Part VII	Investments—Other Securit			200 5 4 34 11 42
	Complete if the organization a	nswered "Yes" to Form 99	0, Part IV, line 11b See Forr	n 990, Part X, line 12.
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
(1) Financial of	derivatives .	0		
(2) Closely-he	eld equity interests .	0		
(3) Other				
(A)				
(B)	·			
(C)				<u> </u>
<u>(D)</u>				
<u>(E)</u>				
(F)				
(G)				
(H)		 		
	nust equal Form 990, Part X, col (B) line 12)	<u> </u>	<u> </u>	
Part VIII	Investments—Program Rela			000 D ()/ " 40
	Complete if the organization a	inswered "Yes" to Form 99	0, Part IV, line 11c. See Forn	n 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
(1)		-	Cost of Gild of year	THE PERSON NAMED IN COLUMN NAM
(1)		 		
(2)		 		
(3)		 		· .·
(5)		 		
(6)		 		
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col (B) line 13)	0		<u>-</u>
Part IX	Other Assets. Complete if the organization a	Inswered "Yes" to Form 99	0, Part IV, line 11d. See Forn	n 990, Part X, line 15.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
Total. (Colum	nn (b) must equal Form 990, Part X, c	ol (B) line 15)	<u>.</u>	(
Part X	Other Liabilities. Complete if the organization a line 25.	inswered "Yes" to Form 99	0, Part IV, line 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value	T	
	ncome taxes	0	1	
(2)			1	
(3)			1	
(4)			1	
(5)			1	
(6)			1	
(7)			1	
			1	
(9)		 	1	
	ust equal Form 990, Part X, col (B) line 25)	0	1	
	incertain tax positions. In Part XIII. prov	<u> </u>	<u> </u>	that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form	990) 2014 BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC	<u>35-0998713</u>	Page 5
Part XIII	Supplemental Information (continued)	 	
art Am			
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SCHEDULEI (Form 990)

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.

▶ Attach to Form 990.

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OMB No 1545-0047	2014.	Open to Public

Inspection Employer Identification number

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

Part I

BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC

Department of the Treasury Internal Revenue Service Name of the organization

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

the selection criteria used to award the grants or assistance?

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35-0998713

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X Yes

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Part II	Grants and Other Assistance to Domestic Organs Part IV, line 21, for any recipient that received mor	Assistance to	Domestic Orgar hat received more	nizations and Dome than \$5,000. Part II	sstic Governments can be duplicated	anizations and Domestic Governments. Complete if the organizatio te than \$5,000. Part II can be duplicated if additional space is needed.	janization answered needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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.
1 (a) Name	1 (a) Name and address of organization or government	(a)	(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) MONRC 827 W 14Th	(1) MONROE CO UNITED MINISTRIE 827 W 14TH ST BLOOMINTON, IN 47	35-1313090	501 (C) 3	48,010				FUND PROGRAMS
(2)								
(3)								
(4)								
(2)								
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Ente	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	501(c)(3) and g	jovernment organiza	tions listed in the line 1	table		•	
3 Ente	Enter total number of other organizations listed in the line 1 tabl	rganizations liste	ed in the line 1 table				▲	0

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

Schedule I (Form 990) (2014)

Page 2

BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC

Schedule I (Form 990) (2014)

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part III S 9

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Employer identification number

BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC	35-0998713
Form 990, Part III, Line 4A SUPPORT MONROE COUNTY UNITED MINISTRIES	

Schedule O (Form 990 or 990-EZ) (2014)	
Name of the organization	Employer identification number
BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC	35-0998713