

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Ā	For the	2015 ca	endar year, or tax year beginning			, and e					
В	Check if a	pplicable		INGTON COUN	ICIL OF CHU	RCH WOM	EN, INC	D Employer id	lentification	number	
	Address	hange		INITY HOUSE		· · · · · · · · · · · · · · · · · · ·					
	Name cha	ange	Number and street (or PO box if mail	is not delivered to sti	reet address)	Room/suite		35-0998713			
		-	1149 LINDEN DRIVE			L		E Telephone n	umber		
Ш	initial retu	ım	City or town BLOOMINGTON		State !N	ZIP code 47408-127	7	(812) 336-23	00		
	Fınal return	/terminated		oreign province/state		Foreign postal					
	Amended	return	1 oreign country hame	orolgii province/state/	, country	r oreign postar	5500	G Gross receip	ots \$	135,5	595
\Box			E Name and address of average of affices			-				Yes X	
Ш	Applicatio	n pending	F Name and address of principal officer		NOTON IN	47.40.4		iis a group return for		= =	
			JILL ARGENBRIGHT 907 W 11	TH ST, BLOOMI			1 `'	e all subordinates			No
1	Tax-exem	pt status	X 501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1)	or 527	"	'No," attach a list	(see instruction	ons)	
J,	Website	: ► N/A	·				H(c) Gr	oup exemption nu	mber 🟲		
K	orm of o	rganization	X Corporation Trust A	Association Ot	her ►	L. Yea	r of forma	ation 1940	M State of I	egal domicile	IN
	art I	Su	mmary	· · · · · · · · · · · · · · · · · · ·		 			·····		
	1		lescribe the organization's mission	on or most signifi	cant activities	s SUP	PORT	MONROE CO	UNTY UN	ITED MINISTR	IES
8		- · · · · · · · · ·	3	3							
⊭ୁଧ⊮ଥ . Governance											
§ €	2	Check t	his box 🕨 if the organizatio	n discontinued it	s operations	or disposed	of more	e than 25% of	its net ass	sets	
3 6	3		of voting members of the govern					1	3		15
ୢ୕ୢୄୢୣୄ	4		of independent voting members		•	/I, line 1b)			4		15
	5		mber of individuals employed in					Γ	5		4
	6		mber of volunteers (estimate if n	-	,	,		Γ	6		
Activ	7a	Total un	related business revenue from P	art VIII, column	(C), line 12				7a		0
_	b	Net unre	elated business taxable income f	rom Form 990-T	, line 34				7b		0
Revenue Revenue					DECE		1	Prior Year		Current Year	
多鱼	8		utions and grants (Part VIII, line 1		RECE			1,	060	1,	<u> 596</u>
ور وا	9		n service revenue (Part VIII, line		A D.D. a. 4		\$		0		0
<u>`</u> ``	10		ent income (Part VIII, column (A)				}		464		<u> 348</u>
	11		evenue (Part VIII, column (A), line	10 0~=)	₽	134,		132,6	
	12		enue—add lines 8 through 11 (mus				I ∦	135,		135,5	
	13		and similar amounts paid (Part IX				 	48,	010	48,0	
	14		paid to or for members (Part IX,			E 10\			0		0
Expenses	15 16a		, other compensation, employee be	•		5 5–10)		02,	325 0	64,418 0	
Sen	b		ional fundraising fees (Part IX, condraising expenses (Part IX, colu			0					
X	17		xpenses (Part IX, column (A), line	• • •				37,	804	30,6	300
	18		penses Add lines 13–17 (must e			25)		148,		143,0	
	19		e less expenses Subtract line 18	•	(, ,, ,, ,,,	_0,		-12,			452
ò					-		Begini	ning of Current Y		End of Year	
Net Assets or	20	Total as	sets (Part X, line 16)					357,	419	349,6	336
t As	21	Total lia	bilities (Part X, line 26)					2,	107	1,	776
ž	22	Net ass	ets or fund balances Subtract lin	ne 21 from line 2	0			355,	312	347,8	360
P	ar <u>t</u> II	Sig	nature Block								
			y, I declare that I have examined this return					•	-		
and	beller, it	is true, corre	ect, and complete Declaration of preparer		based on all into	rmation of whic	n prepare	r nas any knowled		, (
Si	gn	🗗	Margarett Hath Signature of officer	aurouz_					-15-	- 16	
He	ere		MARGARET E HATHAWAY, TR	PEAGLIBER				Date			
			Type or print name and title	KEASUNEN		··					
		Por	nt/Type preparer's name	Preparer's sig	onature		Dat	te		PTIN	
Pa	iid				•		1	I	eck X if	' ' ' ' '	
	epare	<u>м</u>	PHIL HATHAWAY, CPA		ATHAWAY, C	PA	4/	15/2016 sel	f-employed	P00839447	
	se Onl		n's name ► M PHIL HATHAWAY	, CPA				Firm's EIN ► 3	30-828504	2	
			n's address ▶ 1149 LINDEN DR, B	LOOMINGTON,	IN 47408-12	277		Phone no	(812) 336-2	2300	
Ma	y the If	RS discus	ss this return with the preparer sh	nown above? (se	e instruction	s)				X Yes	No
_	<u> </u>		luction Act Notice, see the separa			· <u>·</u>	110	,		Form 990 (2	

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
Ŭ	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
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	Χ.	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	441.		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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			
L	Schedule D, Parts XI and XII Was the organization included in consolidated, independent cudited financial statements for the tay year? If "Yes "	12a		X
D	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		"
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?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.40		<u> </u>
	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			
	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			
•-	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes " complete School G. Part III.			,
	If "Yes," complete Schedule G, Part III	19		X
		Eores	990	(2015)

Par	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	
22	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	- 1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	İ		
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ļ
	\$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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	<u> </u>	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	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	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	ļ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			l
	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)	- 1		
	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	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			١
	Part I	31	 	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?		l	١
	If "Yes," complete Schedule N, Part II	32	├	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	-
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	┼
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	 	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		İ	,,
	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	i i	_X

	98 (2015) BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC 35-099	8/13	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	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		7	
	Statements, filed for the calendar year ending with or within the year covered by this return 4		_	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
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? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		!	
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Ì
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			1
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		X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	<u> </u>	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.		l	
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0]	ļ	
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 0			
b	Gross income from other sources (Do not net amounts due or paid to other sources			ł
	against amounts due or received from them)]	İ	l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year]		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
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
	the organization is licensed to issue qualified health plans]	1	1
С	Enter the amount of reserves on hand	<u></u>		L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

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 or note to any line in this Part VI			Ш					
Sect	ion A. Governing Body and Management								
12	Enter the number of voting members of the governing body at the end of the tax year 1a	15	Yes	No					
Ia	If there are material differences in voting rights among members of the governing body, or	10							
	If the governing body delegated broad authority to an executive committee or similar	100							
	committee, explain in Schedule O	1	14						
b		15							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
	any other officer, director, trustee, or key employee?	2	,	X					
3	Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5									
6	Did the organization have members or stockholders?	<u>5</u>		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-							
	one or more members of the governing body?	7a	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		1	1					
	stockholders, or persons other than the governing body?	7b		x					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	٧,		12"					
	the year by the following	<u> </u>							
а	The governing body?	8a	Х						
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 reached								
	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	<u>Code</u>	9.)						
		_	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	 	X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10t	_	X					
11a	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990	8 L							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	128		X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12t	X	-					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40.	İ						
42		120	_	X					
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13 14		X					
14 15	Did the process for determining compensation of the following persons include a review and approval by	14	2.3.54	<u> </u>					
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4.							
а	The organization's CEO, Executive Director, or top management official	15	-1-42-55	X					
b	Other officers or key employees of the organization	151	_	$\frac{1}{x}$					
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1							
	with a taxable entity during the year?	16		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1.00	`	2 '					
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		1						
	the organization's exempt status with respect to such arrangements?	161	,						
Sect	ion C. Disclosure	1		·					
17	List the states with which a copy of this Form 990 is required to be filed ► IN								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)	(3)s or	ly)						
	available for public inspection Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain in Schedule of								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p		nd						
	financial statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•							
	MARGARET E HATHAWAY (812) 336-23	00							
	1149 LINDEN DRIVE, BLOOMINGTON, IN 47408-1277								

	•	
Form	990(2015)	

BLOOMINGTON	COLINCIL	OF CHURCH WOMEN	INC

35-0998713

Page 7

•	-,,	 _	,- -	
7	Dа	N	/11	

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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

Check this box if neither the organization nor any	Telated organiz	ation		·		icu ai	ıy C	I	I I I I I I I I I I I I I I I I I I I	
	:	(C) Position								
(A)	(B)	(do not check more than				than o	ne	(D)	(E)	(F)
Name and Title	Average	box, unless person is both a officer and a director/truste						Reportable	Reportable	Estimated
	hours per week (list any				recto	or/truste		compensation from	compensation from related	amount of other
	hours for	걸호	RE	Officer	Highest compensated employee Key employee		Former	the	organizations	compensation
	related organizations	leg d	톲	ğ	emj	loye	БĒ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	9 =	<u>ă</u>		힣	# §		(44-2/1033-141130)		and related
	line)	Individual trustee or director	Institutional trustee		8	ੈ				organizations
		Ō	tee			isat				
						8				
(1) PAM DYER	4 00									1:
SECRETARY	0 00	Х		Х				0		
(2) JILL ARGENBRIGHT	20 00		ł						Į.	
PRESIDENT	0 00			Х				0	<u> </u>	
(3) MARGARET HATHAWAY	4 00									
TREASURER	0 00			Х				0		
(4)									1	
(5)										
(6)										
(7)										
(8)										
									ľ	
(9)										
1-1			ì				ļ			
(10)										
X:::::::::::::::::::::::::::::::::::::										
(11)			\vdash							
XIII	1				1					ļ
(12)			†			†				
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	†	1								
(13)		1	╁╌	†	\dagger					
A171	†	1								
(14)	 	 	†	\vdash			\vdash	 		
(14)		1								
				1	1	<u> </u>	Ь.	<u> </u>		<u> </u>

Pa	Section A. Officers, Director	s, Trustees, Key Em	ploye	es,	and	d Hi	ghes	t Co	ompensated Em	ployees (c	ontinu	ed)	
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	than o	an	(D) Reportable compensation	(E) Reportabl compensati	1	(F) Estimated amount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Т-	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from relate organizatio (W-2/1099-M	ns	othe compens from to organize and rel organize	sation the ation ated
(15)													
(16)													
(17)													
(18)													
(19)								_					
(20)			 	ļ									
(21)													
(22)				\- 									
(23)						-							
(24)													
(25)													
1b c d	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section A	<u> </u>	1	L		L	> >	0 0		0		0
2	Total number of individuals (including but reportable compensation from the organization)		sted a	abov	/e) v	who	гесе	vec	more than \$100	0,000 of			
3	Did the organization list any former office employee on line 1a? If "Yes," complete 5	er, director, or trustee,			loye	ee, c	or hig	hes	t compensated		Ĺ	Ye 3	s No X
4	For any individual listed on line 1a, is the the organization and related organization individual	-	-						•			4	X
5	Did any person listed on line 1a receive of for services rendered to the organization?	·			•			_		vidual	500	5	X
Sec	tion B. Independent Contractors	" Too, complete o	0,,00	<u> </u>	, , , ,		<i></i> po		•			<u> </u>	
1	Complete this table for your five highest of compensation from the organization. Replyear											эх	
	(A) (B) Name and business address Description of services								rvices	Co	(C) ompensati	ion	
								ļ_					(
								\vdash					
								+		+			(
2	Total number of independent contractors more than \$100,000 of compensation fro		ted to	o the	ose	liste	d abo) who received	,			

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note 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				
ន ន	1a	Federated campaigns	-	1a	0			=					
E Z	b	Membership dues	Ļ	1b	0								
S, G	С	Fundraising events		1c	0								
ar E	d	Related organizations	ļ	1d	0				į				
S E	е	Government grants (contributions		1e	0	İ			1				
함	f	All other contributions, gifts, gran]		1				
를 된		similar amounts not included abo	L	1f	1,596]		1				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in li	ines 1a-1f.	\$.	0				,				
	<u>h</u>	Total. Add lines 1a-1f			>	1,596							
흵					Business Code								
ě	2a					0		 					
8	b			ļ		0							
200	С			0									
Ser	d			Ļ		0							
E E	е			Ļ		0							
Program Service Revenue	f	All other program service revenu	е	Į		0							
مَ	g	Total. Add lines 2a–2f			•	0							
	3	Investment income (including div	ridends, inter	est,	and								
İ		other similar amounts)				1,348							
j	4	Income from investment of tax-es	xempt bond p	oroc	eeds -	0							
	5	Royalties	() Beel	1	(v) Damaral	0							
	_		(ı) Real		(II) Personal								
	6a	Gross rents											
	b	Less rental expenses	-	0					i				
	C C	Rental income or (loss) Net rental income or (loss)			0 ▶	 0							
	d 7a	Gross amount from sales of	(ı) Securitie	s	(ii) Other	U							
1	'a	assets other than inventory	(,, ===================================	0	0								
	b	Less cost or other basis	-										
		and sales expenses		o	o								
	С	Gain or (loss)		0	0				į į				
	d	Net gain or (loss)			▶	. 0							
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line	0 1c)										
er F		See Part IV, line 18		а	0				}				
Ę	b	Less direct expenses		b	0								
U	С	Net income or (loss) from fundra	-		>	0							
	9a	Gross income from gaming activ	rities										
		See Part IV, line 19		а	0								
	b	Less direct expenses		b	0				i				
	С	Net income or (loss) from gamin	g activities			0			ļ				
	10a	Gross sales of inventory, less											
		returns and allowances		а	132,651								
	b	Less cost of goods sold		b	0				<u> </u>				
	С	Net income or (loss) from sales	of inventory		<u> </u>	132,651							
		Miscellaneous Revenue			Business Code				<u> </u>				
	11a					0			<u> </u>				
	b					0			1				
	С					0		·	ļ				
	d	All other revenue				0	 		ļ				
	e	Total. Add lines 11a–11d			>	0							
	12	Total revenue. See instructions				135,595	1 0		0				

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note	to any line in this Pa	rt 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				
	domestic governments See Part IV, line 21	48,020	48,020		·····
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		<u>-</u>	
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
c	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4936(f)(1)) and persons described in section 4958(c)(3)(B)	اه			
7	Other salaries and wages	55,318	55,318		
8	Pension plan accruals and contributions (include	33,310	33,310		
Ū	section 401(k) and 403(b) employer contributions)	4,868	4,868		
9	Other employee benefits	7,000	7,000		
10	Payroll taxes	4,232	4,232		
11	Fees for services (non-employees)	1,202	-1,202		
a	Management	l ol			
b	Legal	0		· · · · ·	
C	Accounting	0			
d	Lobbying	0			
е	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				
_	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	292	292		"
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	18,557	18,557		
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,980	7,980	0	0
23	Insurance	3,780	3,780		
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)				
_	•	0			
a b		0			
		0			
c d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	143,047	143,047	0	0
<u>25</u> 26	Joint costs. Complete this line only if the	143,047			
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOR 08 2 (ASC 058 720)	1	!		

complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Net Assets

30

31

32

33

35-0998713 Form 990*(2015) BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC Page 11 **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year Cash-non-interest-bearing 52,987 1 36,840 265,233 2 281,180 2 Savings and temporary cash investments 3 0 3 Pledges and grants receivable, net 0 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 0 7 0 7 Notes and loans receivable, net 5.000 8 5,000 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 275,558 10c 34,199 26,616 Less accumulated depreciation 10b 248,942 0 11 11 Investments—publicly traded securities 0 12 0 12 Investments—other securities See Part IV, line 11 0 Investments—program-related See Part IV, line 11 0 13 13 0 0 14 14 Intangible assets 0 0 15 Other assets See Part IV, line 11 15 349,636 Total assets. Add lines 1 through 15 (must equal line 34) 357,419 16 16 Accounts payable and accrued expenses 2,107 17 1,776 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 0 23 Secured mortgages and notes payable to unrelated third parties 23 0 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete 25 Part X of Schedule D 0 2,107 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets X and Organizations that do not follow SFAS 117 (ASC958), check here

Form 990 (2015)

347,860

347.860

349,636

30

31

32

33

34

355,312

355,312

357,419

column (B)) 347,860	orm 9	90 (2015) BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC	35-0	0998713	Pag	e 12
Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 3	Part	XI Reconciliation of Net Assets				
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue sets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Revenue expenses Revenue sets or fund balances (explain in Schedule O) Revenue sets or fund balances (explain in Schedule O) Revenue sets or fund balances (explain in Schedule O) Revenue (R) Revenue sets or fund balances (explain in Schedule O) Revenue (R) Revenue sets or fund balances (explain in Schedule O) Revenue (R) Revenue sets or fund balances (explain in Schedule O) Revenue (R) Revenue sets or fund balances (explain in Schedule O) Revenue sets or fund balances (explain in Schedule O) Revenue (R) Revenue sets or fund balances (explain in Schedule O) Revenue (R) Revenue sets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Revenue sets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B) Revenue sets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B) Revenue sets or fund balances (explain in Schedule O) Revenue sets or fund balances (explain in Schedule O) Revenue sets or fund balances (explain in Schedule O) Revenue sets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B) Revenue sets or fund balances (explain in Schedule O) Revenue sets or fund balances (explain in Schedule O) Revenue sets or fund balances (explain in Schedule O) Revenue sets or fund balances the expense sets or through 9 (must equal Part X, line 33, column (R) Revenue sets or fund balances (explain in Schedule O)		Check if Schedule O contains a response or note to any line in this Part XI.	•		[
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 4 Revenue less expenses Subtract line 2 from line 4 Revenue less expenses Subtract line 2 from line 4 Revenue less expenses Subtract line 2 from line 4 Revenue less expenses Subtract line 2 from line 4 Revenue less expenses Subtract line 2 from line 4 Revenue less expenses Subtract line 2 from line 4 Revenue less expenses Subtract line 2 from line 4 Revenue less expenses Subtract line 2 from line 4 Revenue less expenses Subtract line 2 from line 4 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 4 Revenue less expenses Subtract line 3 from line 4 Revenue less expenses Subtract line 3 from line 4 Revenue less expenses Subtract line 3 from line 4 Revenue less expenses Subtract line 3 from line 4 Revenue less expenses Subtract line 3 from line 4 Revenue less expenses Subtract line 3 from line 4 Revenue less expenses Subtract line 3 from line 4 Revenue line 2 from line 2 from line 2 from line 4 Revenue less expenses Subtract line 3 from line 4 Revenue line 2 from line 2 from line 4 Revenue line 2 from line 2 from line 2 from line 4 Revenue line 2 from line 2 from line 4 Revenue line 2 from line 2 from line 4 Revenue line 2 from line 2 from line 2 from line 4 Revente line 2 from line 2 from line 4 Revenue line 2 from line 4 Rev	1	Total revenue (must equal Part VIII, column (A), line 12)	1		135	,595
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) A Net unrealized gains (losses) on investments 5 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	2	Total expenses (must equal Part IX, column (A), line 25)	2		143	,047
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O). 8 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (8)) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (8)) 11 Financial Statements and Reporting 12 Check if Schedule O contains a response or note to any line in this Part XII 13 Accounting method used to prepare the Form 990	3	Revenue less expenses Subtract line 2 from line 1	3		-7	,452
6 Donated services and use of facilities for threstment expenses Prior period adjustments Reprior period adjustments Prior period adjustments Reprior	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		355	,312
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 347,860 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 Cash 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both Separate basis. Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis. Both consolidated and separate basis c If "Yes," to line 2 a 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? 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? 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 3b In the Account of the stat	5	Net unrealized gains (losses) on investments	5			
Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	7	Investment expenses	7			
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	8	Prior period adjustments	8			
Column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	9	Other changes in net assets or fund balances (explain in Schedule O).	9			
Check if Schedule O contains a response or note to any line in this Part XII 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 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c 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 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	10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,] [
Check if Schedule O contains a response or note to any line in this Part XII 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 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis, or both Separate basis Consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c		column (B))	10		347	,860
Accounting method used to prepare the Form 990	Part P	XII Financial Statements and Reporting				_
Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XII		•	- (
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 X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c 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? 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					Yes	No
Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c 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? 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? 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 3b	1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 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? 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 3b		If the organization changed its method of accounting from a prior year or checked "Other," explain in		,		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 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? 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 3b		Schedule O				السدا
reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 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? 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 3b	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ
Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c 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? 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? 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 3b		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c 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? 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		reviewed on a separate basis, consolidated basis, or both				
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 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? 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 3b		Separate basis Consolidated basis Both consolidated and separate basis				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 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? 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 3b	b					X
separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c 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? 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 3b	_	· · · · · · · · · · · · · · · · · · ·				
Separate basis Consolidated basis Both consolidated and separate basis c 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? 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 3b		·			٠ ۽	
c 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? 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 3b				1 1	4, e.,	
the audit, review, or compilation of its financial statements and selection of an independent accountant? 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 3b	_		. .			1
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 3b	С		'	20		J
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? 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 3b		· · · · · · · · · · · · · · · · · · ·		20		<u> </u>
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? 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 3b						
the Single Audit Act and OMB Circular A-133? 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 3b	3-					
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 3b	Ja			32		×
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	h	· · · · · · · · · · · · · · · · · · ·		Ja		 ^
	D			36		
		required addit of addits, explain why in obligation of and describe any steps taken to didergo such addits			990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2015

Open to Public

Inspection

aiiie	, 0, 0	ne organization					Employer identification	i ildilibei	
LO	OM	INGTON COUNCIL OF CHURCH	H WOMEN, INC				35-09	98713	
Pai	rt I	Reason for Public Chari	ity Status (All org	janizations must co	mplete th	is part.)	See instructions.		
he	orga	anization is not a private foundati	on because it is (Fe	or lines 1 through 11, o	check only	one box)			
1	L	A church, convention of churche	es, or association of	churches described in	n section '	170(b)(1)(A)(i).		
2		A school described in section 1	70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990 or 99	0-EZ))			
3		A hospital or a cooperative hosp	oital service organiz	ation described in sec	tion 170(b)(1)(A)(iii).		
4	\vdash	A medical research organization	-		=		•	ter the	
-	_	hospital's name, city, and state							
5		An organization operated for the section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	d by a gov	vernmental unit desc	ribed in	
6		A federal, state, or local govern	•	tal unit described in se	ection 170	(b)(1)(A)(v).		
7		An organization that normally redescribed in section 170(b)(1)(m a gover	nmental u	init or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(A	(Complete Part	II)				
9	X	An organization that normally re receipts from activities related t support from gross investment acquired by the organization af	o its exempt function income and unrelated	ns—subject to certain ed business taxable in	exception come (less	s, and (2) s section (no more than 33 1/3 511 tax) from busine	% of its	
10		An organization organized and							
11		An organization organized and	operated exclusivel	y for the benefit of, to p	perform th	e function	s of, or to carry out t		
		of one or more publicly support Check the box in lines 11a throi)
а	1	Type I. A supporting organize the supported organization (sorganization You must con	s) the power to regu	larly appoint or elect a					
t)	Type II. A supporting organize control or management of the organization(s) You must c	zation supervised or le supporting organi	controlled in connecti zation vested in the sa					
c	;	Type III functionally integra	ated. A supporting o	rganization operated i	n connect	on with, a	ind functionally integ	rated with,	
c	i	Type III non-functionally in that is not functionally integr	tegrated. A support ated The organizat	ing organization operation generally must sati	ated in con isfy a distr	nection with	rith its supported org quirement and an att		
e	•	requirement (see instruction Check this box if the organiz	ation received a wr	itten determination froi	m the IRS	that it is a		e III	
•		functionally integrated, or Ty Enter the number of supported	•	ily integrated supportir	ng organiz	ation			
,	,	Provide the following information		ed organization(s)				L	
	(1)) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) is the diluted in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amoun other suppor instruction	t (see
					Yes	No			
A)					1				
B)									
C)						_ 			
D)					-				
(E)									
			- Market 1 2 1		 				
Tat:	31		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 -	ŧ.		1	- 1

35-0998713 Schedule A (Form 990 or 990-EZ) 2015 BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC 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 (e) 2015 (f) Total Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 1 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 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge O 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) Public support. Subtract line 5 from line 4 **Section B. Total Support** Calendar year (or fiscal year beginning in) (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 0 0 0 0 7 Amounts from line 4 O 0 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 0 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 0 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 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 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2014 Schedule A, Part II, line 14 16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2014. 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—2015. 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—2014. 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

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

Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

supported organization

instructions

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

Section A. Public Support

	adom A. Public Support	(=) 2044	(5) 2042	(-) 2012	(4) 2044	(-) 2045	(D. Total
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,106	2 226	14 502	1.050	1 500	22 500
2	Gross receipts from admissions, merchandise	2,100	3,326	14,503	1,059	1,596	22,590
_	sold or services performed, or facilities						
	furnished in any activity that is related to the	100.000					
	organization's tax-exempt purpose	130,399	139,765	132,197	135,447	132,651	670,459
3	Gross receipts from activities that are not an						•
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on 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	132,505	143,091	146,700	136,506	134,247	693,049
7a	Amounts included on lines 1, 2, and 3	1					
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						· · · · · · · · · · · · · · · · · · ·
	line 6)						693,049
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	132,505	143,091	146,700	136,506	134,247	693,049
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	323	449	1,990	464	1,348	4,574
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	323	449	1,990	464	1,348	4,574
11	Net income from unrelated business		_				
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)				:		0
13	Total support. (Add lines 9, 10c, 11,						*
	and 12)	132,828	143,540	148,690	136,970	135,595	697,623
14	First five years. If the Form 990 is for the org		econd, third, fourth	_			
	organization, check this box and stop here			•	, ,	,	▶ [
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2015 (line 8, co			f))		15	99 34%
16	Public support percentage from 2014 Schedu		•	•77		16	98 47%
	tion D. Computation of Investment						30 41 70
17	Investment income percentage for 2015 (line			olumn (fl)		17	0 66%
18	Investment income percentage from 2014 Sci		- -	Sidiffii (1))		18	1 53%
	33 1/3% support tests—2015. If the organiz	· · · · · · · · · · · · · · · · · · ·		4 and line 15 is m	ore than 33 1/3%		1 3370
	not more than 33 1/3%, check this box and st					und line 17 is	▶ X
b	33 1/3% support tests—2014. If the organiz					33 1/3%, and	
	line 18 is not more than 33 1/3%, check this b						▶ □
20	Private foundation. If the organization did no						•

Supporting Organizations Part IV

(Complete only if you checked a box in line 11 on 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)

Section A	A. Ali	Supporting	g Organizations
-----------	--------	------------	-----------------

- 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 class or purpose, describe the designation. If historic and continuing relationship, explain
- 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- 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
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- 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 to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 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. (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)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 or 990-EZ)
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- 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)

	Yes	No
1	-	1
2		
3a	-	
3b		
3c		<u>-</u> -
4a	:	·
4b		- ·
70		 ;
4c		
		. :
5a		
5b		
5c	,	
<u>-</u>	 L—	
7	`	,
8		
9a		-
9b	-	
9c		
10a		
10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	110		
b	A family member of a person described in (a) above?	11a 11b		
C	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	-	
	on B. Type I Supporting Organizations	1110	<u>!</u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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		1	
	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_		
2	Did the organization operate for the benefit of any supported organization other than the supported			١,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	,	,	i
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		-	
Conti	supervised, or controlled the supporting organization	2		L
Secu	on 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		163	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			٠ '
	or management of the supporting organization was vested in the same persons that controlled or managed		1	.
	the supported organization(s)	11		· '
Secti	on D. All Type III Supporting Organizations		L	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Ι,	,
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			i
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_		├──
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	-		
3	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	İ	-	,
	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		- '
Secti	on 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 ins	truction	s)	
а	X The organization satisfied the Activities Test Complete line 2 below		,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	e instrui	ctions)
		0 11100100		
2	Activities Test Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	İ		,
	those supported organizations and explain how these activities directly furthered their exempt purposes,	l		[.
	how the organization was responsive to those supported organizations, and how the organization determined			l .
	that these activities constituted substantially all of its activities	2a	X	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		 	\vdash
	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			
	activities but for the organization's involvement	2b		<u> </u>
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	1.		l i
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		ļ	
	of its supported organizations? If "Ves" describe in Part VI the role played by the organization in this rogard	1 2-	1	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			990715 Page 6
1 Check here if the organization satisfied the Integral Part Test as a qualifying			tructions. All
other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see		· [,
instructions for short tax year or assets held for part of year)		*	,
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			<u> </u>
see instructions)	4	ol	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
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	و ت ،	
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-functional	ly-intea	rated Type III supporting of	
instructions)	_		•

Part \	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	n D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	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	Other distributions (describe in Part VI) See instructions	·		
7	Total annual distributions. Add lines 1 through 6			0
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive	
	(provide details in Part VI) See instructions	<u> </u>		
9	Distributable amount for 2015 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount			0 000
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2015	ļ		,
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
a				
b				
С				1
d	From 2013 0			· · · · · · · · · · · · · · · · · · ·
е_	From 2014 0			
<u>f</u>	Total of lines 3a through e	0		*
g	Applied to underdistributions of prior years		0	
<u>h</u> _	Applied to 2015 distributable amount			0
i	Carryover from 2010 not applied (see instructions)			
<u>i_</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2015 from Section			ŀ
	D, line 7 \$ 0			
a	Applied to underdistributions of prior years		0	
	Applied to 2015 distributable amount			0
<u> </u>	Remainder Subtract lines 4a and 4b from 4	0		
5	Remaining underdistributions for years prior to 2015, if			ì
	any Subtract lines 3g and 4a from line 2 (if amount			1
_	greater than zero, see instructions)		0	
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			0
7	Excess distributions carryover to 2016. Add lines 3j and 4c	0		
8	Breakdown of line 7			-
а				
b				
С	Excess from 2013 0			
d	Excess from 2014 0			
е	Excess from 2015 0			

Schedule A (Fo	orm 990 or 990-EZ) 2015	BLOOMINGTO	N COUNCIL OF	CHURCH WOME	EN, INC	35-09987 <u>13</u>	Page 8
Part VI	III, line 12, Part IV, S B, lines 1 and 2, Par 3a and 3b, Part V, lir	mation. Provide the ection A, lines 1, 2 to IV, Section C, lines 1, Part V, Section	ne explanations (2, 3b, 3c, 4b, 4c, e 1, Part IV, Sec on B, line 1e, Pa	required by Part I 5a, 6, 9a, 9b, 9c, tion D, lines 2 and rt V, Section D, lir	I, line 10, Part II, line 17a , 11a, 11b, and 11c, Part d 3, Part IV, Section E, lines 5, 6, and 8, and Part	a or 17b, Part IV, Section nes 1c, 2a, 2b,	
	lines 2, 5, and 6 Als	o complete this pa	irt for any additio	nal information (See instructions)	<u> </u>	
							
							·
							
			- 				

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

Employer identification number

35-0998713

Department of the Treasury Internal Revenue Service

Name of organization

► 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," on 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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC

If the organization answered "Yes," on 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-B

If the organization answered "Yes," on 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

Pai	t I-A Complete if t	he organization is exempt und	er section 501(c) or is a section 52	27 orgai	nization.	
1	•	ne organization's direct and indirect p	olitical campaign a				
2	Political expenditures			•	\$		
3	Volunteer hours						
Pai	rt I-B Complete if t	he organization is exempt und	er section 501(c)(3).			
1	Enter the amount of any	excise tax incurred by the organizatio	n under section 49) 55 ▶	\$		
2	Enter the amount of any	excise tax incurred by organization m	anagers under sed	ction 4955	\$	- <u></u>	<u></u>
3	If the organization incurre	d a section 4955 tax, did it file Form	4720 for this year?)		Yes	No
4a	Was a correction made?					Yes	No
	If "Yes," describe in Part I						
		he organization is exempt und			501(c)(3)	
1	Enter the amount directly activities	expended by the filing organization f	or section 527 exe	•	· \$		
2	Enter the amount of the fi	ling organization's funds contributed	to other organizati		*		
	527 exempt function activ		J		\$		
3	Total exempt function exp	enditures Add lines 1 and 2 Enter h	ere and on Form 1	120-POL,			
	line 17b			•	\$	- <u></u>	No
4		file Form 1120-POL for this year?					
5	Enter the names, address	ses and employer identification numb	er (EIN) of all sect	ion 527 political organiz	ations to	which the f	filing
		ents For each organization listed, en ntributions received that were prompt					
		I fund or a political action committee					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from		(e) Amount of	political
	(4)	(2)	(0) 2	filing organization's	co	entributions rec	ceived and
				funds If none, enter -0-		promptly and delivered to a	separate
						political organi none, ente	
	· · · · · · · · · · · · · · · · · · ·						
(1)							
(2)							<u> </u>
				 	-+-		
(3)							
(4)			_				
(5)							
/6\				-			
(6)							

Scn	edule C (Form 990 of 990-EZ) 2015					Page 2
Pa	art II-A Complete if the organiza	ation is exempt	under section 5	01(c)(3) and filed	l Form 5768 (ele	ction
	under section 501(h)).					
Α	Check ▶ if the filing organizatio	=	• , ,		•	up member's
	name, address, EIN, e					
<u>B</u>	Check ▶ if the filing organizatio	n checked box A	and "limited cont	rol" provisions ap	ply	
	Limits on L (The term "expenditures	obbying Expendi " means amounts			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	public opinion (gra	ass roots lobbying)			0
b	Total lobbying expenditures to influence	a legislative body	(direct lobbying)			0
С	Total lobbying expenditures (add lines 1	a and 1b)			0	0
d	Other exempt purpose expenditures					0
е	Total exempt purpose expenditures (add				0	0
f	Lobbying nontaxable amount Enter the	amount from the fo	ollowing table in boti	h		
-	columns	·····			. 0	0
ļ	If the amount on line 1e, column (a) or (b		ng nontaxable amou	int is:		
	Not over \$500,000		amount on line 1e			٠,
ŀ	Over \$500,000 but not over \$1,000,000		us 15% of the excess		, e.e	
ŀ	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess			,
ŀ	Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	\$225,000 pi	us 5% of the excess of	iver \$1,500,000		,
	Grassroots nontaxable amount (enter 2		 -		0	0
g h	Subtract line 1g from line 1a If zero or I	•			0	0
''	Subtract line 1f from line 1c If zero or le				0	0
i	If there is an amount other than zero on		ne 1; did the organis	zation file Form 472		
,	section 4911 tax for this year?		io ii, did tile organiz	241017 1110 7 01111 472	o reporting	Yes No
	occion for tax to this year	4-Vear Averaging	g Period Under sed	tion 501/h)		
	(Some organizations that made	_	_	• •	of the five columns	helow
			structions for lines	•	or the five columns	below.
	Lok	bying Expenditur	es During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	0	0	0	0	0
_ <u>b</u>	Lobbying ceiling amount (150% of line 2a, column(e))					0
С	Total lobbying expenditures	0	0	0	0	0
d	Grassroots nontaxable amount	0	0	0	0	0
<u>e</u>	Grassroots ceiling amount (150% of line 2d, column (e))	-				0
f	Grassroots lobbying expenditures	0	0	0	0	 0

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015

1 During legisla refere a Volum	Von II manage on time de through di below, movide se Dort IV e detailed			
1 Durin legisla refere a Volun	Yes," response on lines 1a through 1i below, provide in Part IV a detailed of the lobbying activity	Yes	a) No	(b) Amount
a Volun	g the year, did the filing organization attempt to influence foreign, national, state or local ation, including any attempt to influence public opinion on a legislative matter or endum, through the use of		,	
h Paide	teers?	1		
D I alu s	staff or management (include compensation in expenses reported on lines 1c through 1i)?			_
	a advertisements?			
	gs to members, legislators, or the public?	<u></u>		
	cations, or published or broadcast statements?	<u> </u>		
	s to other organizations for lobbying purposes?	<u> </u>		
•	t contact with legislators, their staffs, government officials, or a legislative body?		<u> </u>	
	s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	 		
	activities? Add lines 1c through 1i			
~	re activities in line 1 cause the organization to be not described in section 501(c)(3)?	-	-	
	s," enter the amount of any tax incurred under section 4912			
	s," enter the amount of any tax incurred by organization managers under section 4912]	L
	filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	' - '	Ì	
Part III-A		(c)(5)	, or s	ection
	501(c)(6).		•	
				Yes No
1 Were	substantially all (90% or more) dues received nondeductible by members?			1
2 Did th	ne organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Did th	e organization agree to carry over lobbying and political expenditures from the prior year?			3
Part 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."			
1 Dues	, assessments and similar amounts from members		1	
politi	on 162(e) nondeductible lobbying and political expenditures (do not include amounts of cal expenses for which the section 527(f) tax was paid).			
	nt year		2a	
-	over from last year		2b	
c Total			2c	
	egate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
	ces were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			į
	ss does the organization agree to carryover to the reasonable estimate of nondeductible ing and political expenditure next year?			1
exces			1 4	ſ
exces lobby	ale amount of lobbying and political expenditures (see instructions)		4	
exces lobby	ole amount of lobbying and political expenditures (see instructions) Supplemental Information		5	

• BLOC	MINGTON COUNCIL OF CHURCH WOMEN, INC m 990 or 990-EZ) 2015	35-0998713
Part IV	Supplemental Information (continued)	Page 4
raitiv	Supplemental information (continued)	
	·	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

**Employer identification number** Name of the organization BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC 35-0998713 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 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 No 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 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements 2b 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 historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on 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 on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	6,525	. ,	6,525
b	Buildings	0	269,033	248,942	20,091
C	Leasehold improvements	0	o	0	0
d	Equipment	0	0	0	0
_e	Other	0	0	0	0
Tota	l. Add lines 1a through 1e (Column (d)	nust equal Form 990, Part X,	column (B), line 10c)	<b>&gt;</b>	26,616

(a) C	escription of security or category	(b) Book value	(c) Method of va	
	(including name of security)		Cost or end-of-year	market value
(1) Financial d			0	
•	d equity interests	<del></del>	0	
		l l	<del> </del>	
			<del></del>	
			<del> </del>	
				<del></del>
(H)				
	ust equal Form 990, Part X, col (B) line 12)	<del></del>	0	···
Part VIII	Investments—Program I Complete if the organization		990, Part IV, line 11c See Fori	m 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of va	
(1)				
(2)				
(3)			<u> </u>	
(4)			<del></del>	
(5)			<del> </del>	<del></del>
(6)				
(7) (8)			<del> </del>	
(9)			<del>                                     </del>	
	ust equal Form 990, Part X, col (8) line 13)	<b>&gt;</b>	0	
Part IX	Other Assets.			
	Complete if the organization	on_answered_"Yes" on Form 9	990, Part IV, line 11d See For	m 990, Part X, line 15
		(a) Description		(b) Book value
(1)			· · · · · · · · · · · · · · · · · · ·	
(2)				
(3)				
(4)				<u></u>
<u>(5)</u>	<del></del>			
<u>(6)</u> (7)				
(8)				
(9)				<del></del>
	n (b) must equal Form 990, Part	X, col (B) line 15)	<u> </u>	(
Part X	Other Liabilities.			·
	Complete if the organization line 25	on answered "Yes" on Form 9	990, Part IV, line 11e or 11f Se	ee Form 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal ır	ncome taxes		0	
(2)			_	
(3)			4	
			-	
(4)		1	1	
(4) (5)			╡	
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6)				

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

Par			nue per Return.	<u> </u>
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d	<u></u>	2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		,	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
c	Add lines 4a and 4b	<u> </u>	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	121	5	0
Par	·		<del></del>	
rai	Complete if the organization answered "Yes" on Form 99		enses per Keturn.	
	<del></del>	90, Part IV, line 12a	<del></del>	<del></del>
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
		4a		
а	Investment expenses not included on Form 990. Part VIII, line 7b			
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b		
b	Other (Describe in Part XIII )	4b	40	0
b c	Other (Describe in Part XIII ) Add lines 4a and 4b	<u></u>	4c	0
b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	ne 18)	5	0
b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lines)	ne 18)	5 and 2b, Part V, line 4, Par	0
b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18)	5 and 2b, Part V, line 4, Par	0
b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18)	5 and 2b, Part V, line 4, Par	0
b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18)	5 and 2b, Part V, line 4, Par	0
b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18)	5 and 2b, Part V, line 4, Par	0
b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18)	5 and 2b, Part V, line 4, Par	0
b c 5 Par	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18)	5 and 2b, Part V, line 4, Par	0

Schedule D (Form	990) 2015 BLOOMING TON COUNCIL OF CHURCH WOMEN, INC	35-0996713	Page 3
Dowl VIII	Complemental Information (continued)	***	
Part Alli	Supplemental Information (continued)	<u> </u>	
			·
			·
	~ <del></del>		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
			· • • • • • • • • • • • • • • • • • • •
	***************************************		·
			·

	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
			- <b></b>
	***************************************		

# SCHEDULEI (Form 990)

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

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

▶ Attach to Form 990.

OMB No 1545-0047	2015	Open to Public

Inspection Employer identification number

Departmen	Department of the Treasury					Attach to Form 990.	Form 99(	<u>.</u> .					Open to Public	
Internal Re	Internal Revenue Service		▶ Info	▶ Information about Schedule ( Form 990) and its instructions is at www.irs.gov/form990.	Schedule I	Form 990) ar	nd its inst	ructions is	at www.irs	.gov/form	90.		Inspection	
Name of th	Name of the organization											Employer ide	Employer identification number	
BLOOM	BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC	CIL OF CHURC	H WOMEN,	INC									35-0998713	
Part	Part I General Information on Grants and Assistance	iformation of	n Grants	and Assistar	ce									1
1 Q	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	tion maintain re	cords to sut	ostantiate the a	amount of the	grants or as	ssistance,	the grante	es' eligibili	ity for the g	rants or a	ssistance, and		1
Ę	the selection criteria used to award the grants or assistance?	ia used to awar	d the grants	or assistance	٠.		•			•			× Yes No	
2 Dé	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	the organization	n's procedu	ires for monitor	ring the use	of grant fund	Is in the U	nited State	s				]	
Part II	Grants an	d Other Assi	stance to	Domestic O	rganizatio	ns and Do	mestic (	Sovernme	ents. Cor	mplete if	the organ	ization answe	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	
	990, Part I	990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.	any recipie	ent that recei	ved more t	han \$5,000	Part II	can be du	plicated i	ıf addition	al space	is needed.		
														١

	ממיים שייון ייים מיין יסיפור מיים ייסים אינים מיים ייסים אינים מיים ייסים אינים מיים ייסים אינים מיים אינים מיים	dion in in in		more arail 40,000 I are il can se aupricated il additional apace is liecued.	מוניוו כמון ככ ממטווס	arca II addinollal spa	ca is ileaded.	
-	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	(1) MONROE COUNTY UNITED MIN 827 W 14TH ST BLOOMINGTON, IN 4	35-1313090	501(C)3	48,020				HELP FUND MCUM
(2)								
ව								
<b>3</b>								
(5)								
9								
E		:						
(8)								
(6)								
(10)		,						
E								
(12)								
0 W	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table	501(c)(3) and go ganizations liste	vernment organiza d in the line 1 table	tions listed in the line 1	table		<b>A A</b>	

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

Schedule I (Form 990) (2015)

Page 2

Schedule I (Form 990) (2015)

Part III

(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" on 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 IV 9 8 က 2

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

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Inspection

Employer identification number

Name of the organization	Employer identification number
BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC	35-0998713
Form 990, Part III, Line LINE 4A SUPPORT MONROE COUNTY UNITED MINISTRIES	
•	
······································	

Schedule O (Form 990 or 990-EZ) (2015)	Page
	Employer identification number
BLOOMINGTON COUNCIL OF CHURCH WOMEN, INC	35-0998713
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
,	
·	
······································	
***************************************	
<b>,</b>	
·	
·	
,	
,	
,	
,	
·	
·	
v	
·	