Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

| <u>For</u> | aler | idar year 2016 or tax year beginning FEB | 1, 2016 | , and ending | JAN 31, 2017 | |
|------------------------|------------|--|------------------------------------|---------------------------|--|---|
| Nar | ne of | f foundation | | | A Employer identification | number |
| | | KING WOMAN'S HOME ASSOC | | | 63-0302186 | |
| | | ind street (or P O box number if mail is not delivered to street a 6 LAKERIDGE DRIVE | ddress) | Room/suite | B Telephone number 334-279-09 | 97 |
| | | | | | f | |
| | | own, state or province, country, and ZIP or foreign p TGOMERY , AL 36117 | ostal code | | C If exemption application is p | ending, check here |
| G | heck | all that apply: Initial return | Initial return of a fo | ormer public charity | D 1 Foreign organizations | s, check here |
| | | Final return | Amended return | | 2 Foreign organizations me check here and attach co | eting the 85% test, |
| <u> </u> | hock | Address change (type of organization: X Section 501(c)(3) ex | Name change | | 1 | |
| | _ | · · · · · · · · · · · · · · · · · · · | Other taxable private founda | ition | If private foundation sta under section 507(b)(1) | _ |
| I Fa | | arket value of all assets at end of year J Accounti | | Accrual | F If the foundation is in a | • • • |
| | | · • — | ther (specify) | | under section 507(b)(1) | |
| _ | \$ | 7 , 420 , 130 · (Part I, colu | mn (d) must be on cash b | easis.) | | |
| Pa | rt I | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received | | | N/A | |
| | 2 | Check X if the foundation is not required to attach Sch. B | | | | |
| | 3 | Interest on savings and temporary cash investments | 103,396. | 103,396. | | STATEMENT 1 |
| | 4 | Dividends and interest from securities | 101,635. | 101,635. | | STATEMENT 2 |
| | | Gross rents | | | | |
| ne | _ | Net rental income or (loss) | 60,175. | | | |
| | oa b | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 8a 295,960. | 00,173. | | | |
| Revenue | 7 | assets on line 6a 293, 900 • Capital gain net income (from Part IV, line 2) | | 60,175. | | |
| æ | 8 | Net short-term capital gain | | | | |
| | 9 | Income modifications | | | | |
| | 10a | Gross sales less returns and allowances | | | | |
| | b | Less Cost of goods sold | | | | |
| | | Gross profit or (loss) | 1 (10 | 0 | <u> </u> | CM3 MENTEN 2 |
| | 11 | Other income | 1,610. 266,816. | 0. 265,206. | | STATEMENT 3 |
| | 12 13 | Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc | 200,010. | 203,200. | | 0. |
| | 14 | Other employee salaries and wages | | 0. | | • |
| | 15 | Pension-plans, employee benefits | | | | |
| es | 16a | Legal fees RECEIVED COMP. | | | | |
| ens | b | | 1,670. | 1,670. | | 0. |
| Š | C | Other or of the sum of | 46,508. | 46,508. | | 0. |
| Administrative Expense | 17 | Interest 2017 O | 2 770 | 2 002 | <u> </u> | |
| trai | 18 | Taxes STMT 6 | 2,770. | 2,092. | | 0. |
| inis | 19 20 | Depreciation and depletion UT Occupancy | | <u> </u> | | |
| β | 21 | Travel, conferences, and meetings | 1,447. | 0. | | 0. |
| þ | 22 | Printing and publications | <u> </u> | | | |
| Co | 23 | Other expenses STMT 7 | 3,419. | 0. | | 0. |
| a se | 24 | Total operating and administrative | | | | |
| Derating 2 | | expenses. Add lines 13 through 23 | 55,814. | 50,270. | | 0. |
| Ų | 125 | Contributions, gifts, grants paid | 373,605. | | | 373,605. |
| 4 | .ფეგ ექ | Total expenses and disbursements | 120 110 | 50 270 | | 272 605 |
| | | Add lines 24 and 25 | 429,419. | 50,270. | | 373,605. |
| (| 27 ملک | Subtract line 26 from line 12: Excess of revenue over expenses and disbursements | <162,603.> | | | |
| | 2 | Net investment income (if negative, enter -0-) | | 214,936. | · · · · · · · · · · · · · · · · · · · | |
| | 4 | Adjusted not income (if negative enter-0-) | | -, | N/A | |

Form **990-PF** (2016)

| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30 | | |
|---|---|---|------------|
| | (must agree with end-of-year figure reported on prior year's return) | 1 | 6,330,771. |
| 2 | Enter amount from Part I, line 27a | 2 | <162,603.> |
| 3 | Other increases not included in line 2 (itemize) | 3 | 0. |
| 4 | Add lines 1, 2, and 3 | 4 | 6,168,168. |
| 5 | Decreases not included in line 2 (itemize) | 5 | 0. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 6,168,168. |

| Form 990-PF (2016) WOR Part IV Capital Gains | KING WOMAN'S HOM and Losses for Tax on In | E_ASSOO | CIATION, Income | INC. | | 6 | 3-0302 | 2186 | Page 3 |
|--|--|--|--|--|----------------|---------------------|---------------------------------|------------------------------|--------------|
| | ribe the kind(s) of property sold (e.g arehouse; or common stock, 200 shs | | | (b) How a P - Pur D - Do | chase I | (c) Date (mo., d | acquired ay, yr.) | (d) Dat (mo., da | |
| 1a CHARLES SCHWAB | ACCOUNT | | - | | P | | | | |
| <u>b</u> | | | | | | | | | |
| C | | | | ļ <u>.</u> | | _ | | | |
| <u>d</u> | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| e | (6) Degree of the median of | (-) ()- | -44b b | | | /L\ 0 | (1) | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | - } | | | ain or (loss) s (f) minus (i | ונ | |
| a 295,960. | (0. 2) | p.00 0 | 235,78 | - - | | (0) p.dc | 2 (1) 1111100 (1 | | 175. |
| a 295,960. | <u> </u> | | 233,10 | . _ | | | | 00, | 173. |
| C | | | | | | | | | |
| d | | | | | | | | | |
| e | | | | | | | | | |
| | ng gain in column (h) and owned by | the foundation | on 12/31/69 | <u> </u> | (1) | Gains (C | Col. (h) gain r | ninus | |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col. (i) | | còl. | (k), but r | not less than (from col. (h | -0-) or | |
| | 20 01 120 700 | | | | | | | 60 | 175. |
| <u>a</u> b | | | | | | | <u>-</u> | 80, | 1/5. |
| C | | | | | | | | | |
| d | | | | | | | - . | · | |
| e | | | | | | | | | |
| | C If some also sate | Dod I I.a. | 7 | 7 | 1 | | | - | |
| 2 Capital gain net income or (net ca | $\{ f \text{ gain, also enter } \{ f \text{ gain, also enter } 0 \} \}$ | - in Part I, line - in Part I, line | 7 | <u>}</u> 2 | | | | 60, | 175. |
| 3 Net short-term capital gain or (los | ss) as defined in sections 1222(5) an | ıd (6): | | | | | | | |
| If gain, also enter in Part I, line 8, | | | | . I | | | /- | | |
| If (loss), enter -0- in Part I, line 8 | nder Section 4940(e) for | Doduood | Toy on Not | Dyoots | l nont Inco | m 0 | N/A | | |
| <u> </u> | | | | | ient inco | me | | | |
| (For optional use by domestic private | e foundations subject to the section 4 | 1940(a) tax on | net investment ind | come.) | | | | | |
| If section 4940(d)(2) applies, leave th | nis part blank. | | | | | | | | |
| Man the foundation liable for the con- | tion 4040 toy on the distributable arm | | | 40 | | | | | X No |
| Was the foundation liable for the section of the se | | | • | 100 * | | | | | A NO |
| If "Yes," the foundation does not qual Enter the appropriate amount in 6 | each column for each year; see the in | | | itries. | | | | | |
| (a) | /b) | | oro making any on | (c) | | | | (d) | |
| Base period years Calendar year (or tax year beginnii | Adjusted qualifying dis | tributions | Net value of no | ncharitable | -use assets | | Dıstrıbı (col. (b) dıvı | ition ratio ded by col. | (c)) |
| 2015 | | 5,326. | | 7.21 | 9,882 | | ((-) | | 4755 |
| 2014 | · · · · · · · · · · · · · · · · · · · | 4,695. | | | 1,080 | | | | 6236 |
| 2013 | | 8,550. | | | 31,001 | | | | 1440 |
| 2012 | 40 | 7,000. | | | 8,114 | | | .05 | 52125 |
| 2011 | 42 | 8,918. | | 8,24 | 13,668 | • | | .05 | 2030 |
| | | | | | | | | | |
| 2 Total of line 1, column (d) | | | | | | 2 | | .26 | 6586 |
| 3 Average distribution ratio for the | 5-year base period - divide the total (| on line 2 by 5, | or by the number | of years | | | | | |
| the foundation has been in exister | nce if less than 5 years | | | | | 3 | | .05 | <u> 3317</u> |
| | | | | | | | _ | | 454 |
| 4 Enter the net value of noncharitab | le-use assets for 2016 from Part X, | line 5 | | | | 4 | <u> </u> | <u>7,072,</u> | 4/4. |
| | | | | | | | | ח ח ח | 002 |
| 5 Multiply line 4 by line 3 | | | | | | 5 | | 3//, | 083. |
| 6 Enter 1% of net investment incom | ne (1% of Part I. line 27b) | | | | | 6 | | 2. | 149. |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| 7 Add lines 5 and 6 | | | | | | 7 | | 379, | 232. |
| | | | | | | | | | |
| 8 Enter qualifying distributions from | n Part XII, line 4 | | | | | 8 | | <u>373</u> , | 605. |
| If line 8 is equal to or greater than | n line 7, check the box in Part VI, line | 1b, and comp | lete that part using | g a 1% tax | rate. | | | | |
| See the Part VI instructions. | | | ······································ | | | | | | <u></u> |
| 623521 11-23-16 | | | | | | | Fo | rm 990-1 | PF (2016) |

| | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 | -0302 | | Tions | age 4 | | | |
|----------|---|----------|-----------------|-----------|-------------|--|--|--|
| <u> </u> | | - see in | struc | tions | 5) | | | |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | 4,29 | لــــــا | | | |
| b | b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | | | | | | | |
| | of Part I, line 27b | | | | 1 | | | |
| | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | <u> </u> | | 4,29 | <u> </u> | | | |
| 3 | 3 Add lines 1 and 2 | | | | | | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | | <u>0.</u> | | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | , | 4,29 | <u>99.</u> | | | |
| 6 | Credits/Payments; | | | | | | | |
| а | 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 2,000. | | | | - 1 | | | |
| b | Exempt foreign organizations - tax withheld at source | | | | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) | | | | | | | |
| d | Backup withholding erroneously withheld 6d | | | | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | | 2,00 | <u>. 00</u> | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 | | | | | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | 2,29 | <u>99.</u> | | | |
| 10 | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | | | | | |
| | Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶ 11 | | | | | | | |
| - | rt VII-A Statements Regarding Activities | | | [| NI. | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | $\vdash \vdash$ | Yes | | | | |
| | any political campaign? | | 1a | | <u>X</u> | | | |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? | | 1b | | <u> </u> | | | |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | r | | | | | | |
| | distributed by the foundation in connection with the activities. | | 4. | | | | | |
| | Did the foundation file Form 1120-POL for this year? | | 1c | | ᢚ | | | |
| a | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 • | | | | | | | |
| | (1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0 . Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | | | | |
| е | managers. \blacktriangleright \$ 0 . | | | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | X | | | |
| | If "Yes," attach a detailed description of the activities | | | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | | | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | | <u>X</u> | | | |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 37 / 3 | 4a | | X | | | |
| _ | | N/A | 4b | | X | | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | | ^ | | | |
| _ | If "Yes," attach the statement required by General Instruction T | | | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | | | |
| | By language in the governing instrument, or By state levelation that effectively empede the governing instrument on that no mondatory divertions that conflict with the state law. | | | | | | | |
| | • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | | 6 | х | | | | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | | 7 | X | | | | |
| ′ | bid the foundation have at least \$5,000 in assets at any time during the year: If Tes, Complete Part II, Col (c), and Part XV | | | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | i i | | | | | |
| | AL | | | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | | | | | |
| | of each state as required by General Instruction G? If "No," attach explanation | | 8b | Х | | | | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for calendar | | | | | | | |
| | year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV | | 9 | | <u>X</u> | | | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | 10 | \ | X | | | |
| | | Foi | rm 99 0 | /- P'F | (2016) | | | |

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

| Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, | |
|---|---------------|
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, | |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, | |
| | |
| | |
| any voter registration drive? | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section | |
| 4945(d)(4)(A)? (see instructions) | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for | |
| | - 1 |
| · · · · · · · · · · · · · · · · · · · | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations | |
| section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A 5b | $\overline{}$ |
| Organizations relying on a current notice regarding disaster assistance check here | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained | |
| expenditure responsibility for the grant? N/A Yes No | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on | |
| a personal benefit contract? | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | X |
| If "Yes" to 6b, file Form 8870 | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No | |
| b if "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b | |
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly | |
| Paid Employees, and Contractors | |
| 1 List all officers, directors, trustees, foundation managers and their compensation. | |
| (b) Title, and average hours per week devoted (a) Name and address (b) Title, and average hours per week devoted (if not paid, and deferred adjunction) | ișe |
| (a) Name and address hours per week devoted (If not paid, addetered and deterred allowance allowance) | tner es |
| | |
| | |
| SEE STATEMENT 12 0. 0. | 0. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 1 1 1 | |
| C. Companyation of five highest acid amplessos (about the about included on line 4) If your contact the CALE II | |
| 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to (e) Expension | 188 |
| (b) Title, and average (d) Contributions to (e) Expen | ther |
| (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deterred compensation allowance. | ther |
| (b) Title, and average (d) Contributions to (e) Expen | ther |
| (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deterred compensation allowance. | ther |
| (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deterred compensation allowance. | ther |
| (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deterred compensation allowance. | ther |
| (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deterred compensation allowance. | ther |
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| (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deterred compensation allowance. | ther |
| (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee pendit plans account, of allowance account, of allowance allowance. | ther |
| (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee pendit plans account, of allowance account, of allowance allowance. | ther |
| (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deterred compensation allowance. | ther |
| (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee pendit plans account, of allowance account, of allowance allowance. | ther |

| Form 990-PF (2016) WORKING WOMAN'S HOME ASSOCIATION, Part VIII Information About Officers, Directors, Trustees, Foundation | | 63-0302 Iv | 2186 Page 7 |
|--|----------------------------|---------------|--------------------------|
| Paid Employees, and Contractors (continued) | | <u>-</u> | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "I | | | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of s | ervice | (c) Compensation |
| NONE | | | |
| | | | |
| | | | |
| | | | |
| · · · · · · · · · · · · · · · · · · · | 1 | | |
| | | | |
| | 1 | | |
| | - | | |
| | | | |
| Total number of others receiving over \$50,000 for professional services | | • | 0 |
| Part IX-A Summary of Direct Charitable Activities | | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistics number of organizations and other beneficiaries served, conferences convened, research papers produce | al information such as the | | Expenses |
| 1 N/A | , | | |
| 1 | | | |
| | ***** | | |
| 2 | | | |
| | | | |
| | | | |
| 3 | | | |
| | | | |
| | | | |
| 4 | | | |
| | · | | |
| Part IX-B Summary of Program-Related Investments | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lin | es 1 and 2. | | Amount |
| 1 N/A | 00 1 4.74 2.1 | | |
| 11/11 | | | |
| | | | |
| 2 | | | |
| | | | |
| | | | |
| All other program-related investments. See instructions. | | | |
| 3 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Add lines 1 through 2 | | | 0. |
| Total. Add lines 1 through 3 | | F | orm 990-PF (2016) |

| For | m 990-PF (2016) WORKING WOMAN'S HOME ASSOCIATION, INC. | 63- | 0302186 Page 8 |
|-----|---|----------------|-------------------|
| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndations, s | see instructions) |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; | | |
| a | Average monthly fair market value of securities | 1a | 7,044,317. |
| b | Average of monthly cash balances | 1b | 135,860. |
| C | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 7,180,177. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 1e | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 7,180,177. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 107,703. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 7,072,474. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 353,624. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are | id certain | |
| | foreign organizations check here and do not complete this part.) | , , | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 353,624. |
| 2a | Tax on investment income for 2016 from Part VI, line 5 | | |
| b | Income tax for 2016. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 4,299. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 349,325. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 349,325. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7_ | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 349,325. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 373,605. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 373,605. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 373,605. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | ualifies for | the section |

Form **990-PF** (2016)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2015 | (c) 2015 | (d) 2016 |
|---|---------------------------------------|----------------------------|-------------|--|
| 1 Distributable amount for 2016 from Part XI, line 7 | | | | 349,325. |
| 2 Undistributed income, if any, as of the end of 2016 | | | | 0.00,0000 |
| a Enter amount for 2015 only | | | 0. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2016: | - | <u> </u> | | |
| a From 2011 25,099. | | | | |
| b From 2012 20,944. | | | | |
| c From 2013 31,042. | | | | |
| d From 2014 59, 251. | | - | | |
| e From 2015 38,328. | | | | |
| f Total of lines 3a through e | 174,664. | | | |
| 4 Qualifying distributions for 2016 from | • | | | |
| Part XII, line 4: ►\$ 373,605. | | | | |
| a Applied to 2015, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2016 distributable amount | | | | 349,325. |
| e Remaining amount distributed out of corpus | 24,280. | | | |
| 5 Excess distributions carryover applied to 2016 | 0. | | | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below: | 100 014 | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 198,944. | | | |
| b Prior years' undistributed income. Subtract | | • | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of | | | | |
| deficiency has been issued, or on which | | | | |
| the section 4942(a) tax has been previously | | 0 | | |
| assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | 0. | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2015. Subtract line | | | 0. | |
| 4a from line 2a. Taxable amount - see instr. | | | · · | |
| f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2017 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | • |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2011 | | | | |
| not applied on line 5 or line 7 | 25,099. | | | |
| 9 Excess distributions carryover to 2017. | · · · · · · · · · · · · · · · · · · · | | | |
| Subtract lines 7 and 8 from line 6a | 173,845. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2012 20,944. | | | | |
| b Excess from 2013 31,042. | | | | |
| c Excess from 2014 59,251. | | | | |
| d Excess from 2015 38,328. | | | | |
| e Excess from 2016 24, 280. | | | | |

| Form 990-PF (2016) WORKING | WOMAN'S HO | ME ASSOCIAT | ION, INC. | | 302186 Page 10 |
|---|---|-----------------------------------|-----------------------------|---|----------------|
| Part XIV Private Operating For | | | A, question 9) | N/A | |
| 1 a If the foundation has received a ruling o | r determination letter that | it is a private operating | | | |
| foundation, and the ruling is effective fo | | - | > | | |
| b Check box to indicate whether the found | lation is a private operatin | g foundation described in | n section | 4942(j)(3) or 4 | 942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2016 | (b) 2015 | (c) 2014 | (d) 2013 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | _ | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets | | · | | | |
| (2) Value of all assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | , | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | | | | | 1 |
| Part XV Supplementary Info | rmation (Complet | e this part only if | the foundation | had \$5,000 or mo | re in assets |
| at any time during th | ne year-see instru | uctions.) | | | |
| Information Regarding Foundation List any managers of the foundation who year (but only if they have contributed minum NONE | o have contributed more to hore than \$5,000). (See se | ection 507(d)(2).) | | | |
| b List any managers of the foundation who other entity) of which the foundation has | | | or an equally large portion | ni oi the ownership of a pa | arthership or |
| NONE | | Outralian to the first | | . <u>. </u> | |
| 2 Information Regarding Contribution Check here If the foundation of the foundation makes gifts, grants, etc. (| nly makes contributions t | o preselected charitable c | organizations and does n | ot accept unsolicited requ implete items 2a, b, c, and | |
| a The name, address, and telephone numb | er or e-mail address of th | e person to whom applic | ations should be addres | sed: | |
| SEE STATEMENT 13 | | | | | |
| b The form in which applications should be | e submitted and informati | on and materials they sh | ould include: | | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on awards | e cuch ac hy geographics | l areae charitable fields | kinde of inetitutione or | other factore: | |
| u Any resulctions of limitations on awards | o, aucii aa uy yeograpiiica | । बारवर, जावास्त्राप्त संस्थाऽ, । | amus of Misulutions, Of (| onici iaciuis. | |

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of Purpose of grant or show any relationship to Amount contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year AID TO INMATE MOTHERS PC P O BOX 986 MONTGOMERY, AL 36101 10,000. BOYS & GIRLS CLUBS OF THE RIVER REGION P O BOX 235 MONTGOMERY, AL 36101 18,000. CATHOLIC SOCIAL SERVICES CHURCH 4455 NARROW LANE ROAD MONTGOMERY, AL 36116 18,000. CHILD PROTECT 935 S PERRY STREET MONTGOMERY, AL 36104 15,000. CHILDREN'S CENTER schoor 310 N MADISON TERRACE 6,000. MONTGOMERY, AL 36107 SEE CONTINUATION SHEET(S) ► <u>3a</u> 373,605. Total b Approved for future payment NONE **▶** 3b Total

Page 11

Part XVI-A Analysis of Income-Producing Activities

Form 990-PF (2016)

| | | | | | ·· |
|--|--------------|------------------------|---------------|----------------------|--------------------------|
| Enter gross amounts unless otherwise indicated. | (a) Business | ed business income (b) | (C) Exclu- | (d) | (e) Related or exempt |
| 1 Program service revenue: | code | Amount | code | Amount | function income |
| a | _ | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | 1 | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | <u></u> | 14 | 103,396. 101,635. | |
| 4 Dividends and interest from securities | | | 14 | 101,635. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | İ | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | 1 | | |
| than inventory | | | 18 | 60,175. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | 1 1 | | |
| 11 Other revenue: | | | | | |
| a LAWSUIT SETTLEMENT | | | 01 | 1,610. | |
| b | | | | | |
| | | | | | |
| | - | | | | |
| c | | | | | |
| c | | | | | |
| cd | | 0. | | 266,816. | 0. |
| d e Subtotal. Add columns (b), (d), and (e) | | 0. | | | |
| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) | | 0. | | 266,816. | 0. 266,816. |
| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) | | | | 13 | |
| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities | to the Acco | mplishment of Ex | empt | 13 Purposes | 266,816. |
| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | mplishment of Ex | empt | 13 Purposes | 266,816. |
| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities | to the Acco | mplishment of Ex | empt | 13 Purposes | 266,816. |
| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | mplishment of Ex | empt | 13 Purposes | 266,816. |
| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | mplishment of Ex | empt | 13 Purposes | 266,816. |
| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | mplishment of Ex | empt | 13 Purposes | 266,816. |
| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | mplishment of Ex | empt | 13 Purposes | 266,816. |
| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | mplishment of Ex | empt | 13 Purposes | 266,816. |
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| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | mplishment of Ex | empt | 13 Purposes | 266,816. |
| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | mplishment of Ex | empt | 13 Purposes | 266,816. |
| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | mplishment of Ex | empt | 13 Purposes | 266,816. |
| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | mplishment of Ex | empt | 13 Purposes | 266,816. |
| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | mplishment of Ex | empt | 13 Purposes | 266,816. |
| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | mplishment of Ex | empt | 13 Purposes | 266,816. |
| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | mplishment of Ex | empt | 13 Purposes | 266,816. |
| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | mplishment of Ex | empt | 13 Purposes | 266,816. |
| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | mplishment of Ex | empt | 13 Purposes | 266,816. |
| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | mplishment of Ex | empt | 13 Purposes | 266,816. |
| c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | mplishment of Ex | empt | 13 Purposes | 266,816. |

| 1 | Did the or | ganization directly or indi | rectly engage in any | of the followin | g with any other organization | on described in secti | on 501(c) of | | Yes | No |
|------|---------------|----------------------------------|---------------------------|------------------|---------------------------------------|--|--|---------------------|-----------|--------|
| | the Code | (other than section 501(c) |)(3) organizations) o | r in section 52° | 7, relating to political organ | ızatıons? | | | | |
| a | Transfers | from the reporting founda | ation to a noncharital | ble exempt org | janization of: | | | | | |
| | (1) Cash | | | | | | | 1a(1) | | X |
| | (2) Other | assets | | | | | | 1a(2) | | X |
| b | Other tran | isactions: | | | | | | <u></u> | | |
| | (1) Sales | of assets to a noncharital | ble exempt organizat | tion | | | | 1b(1) | | X |
| | (2) Purci | nases of assets from a nor | ncharitable exempt o | rganization | | | | 1b(2) | | X |
| | (3) Renta | al of facilities, equipment, | or other assets | | | | | 1b(3) | | X |
| | (4) Reim | bursement arrangements | | | | | | 1b(4) | | X |
| | (5) Loan | s or Ioan guarantees | | | | | | 1b(5) | | X_ |
| | • • | rmance of services or me | • | • | | | | 1b(6) | | X |
| | • | f facilities, equipment, ma | • | | • | | | 1c | | X |
| d | | | | | | | narket value of the goods, o | | ets, | |
| | | | | | ed less than fair market valu | e in any transaction | or sharing arrangement, sh | ow in | | |
| /a\: | | (b) Amount involved | , | | avamet organization | (4) 2 | | | | |
| (a)L | ine no | (b) Amount involved | (c) Name of | | exempt organization | (0) Description | of transfers, transactions, and sh | aring arra | angemen | its |
| | | | | N/A | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 2a | Is the fou | ndation directly or indirect | tly affiliated with, or | related to, one | or more tax-exempt organi | zations described | | | · | |
| | ın section | 501(c) of the Code (other | r than section 501(c) | (3)) or in secti | ion 527 ? | | | Yes | X | No |
| b | If "Yes," c | omplete the following sch | | | | | | | | |
| | | (a) Name of org | janization | | (b) Type of organization | – | (c) Description of relationsh | ıp | | |
| | | N/A | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Lindo | nenalties of norming I declare t | that I have examined this | return including | accompanying schedules and st | atements and to the he | st of my knowledge | | | |
| Si | | | | | taxpayer) is based on all information | | as any knowledge Ray retur | the IRS on with the | e prepare | er |
| He | re | duran | Q Q-11 | 5 | 16/5/17 | TREASU | | vn below Yes | _ | ¬' |
| | | nature of officer or trustee | V. Hau | W C | Date | Title | AREK [2 | Yes | | J No |
| | 1 019 | Print/Type preparer's na | | Preparer's si | | Date | Check If PTIN | | | |
| | | T. This Type proparer 3 lie | , | | -g | | self- employed | | | |
| Pa | id | RENEE B. H | IIBBARD | RENEE | B. HUBBARD | 05/31/17 | | 187 | 612 | |
| | eparer | Firm's name ► JAC | | | | //-/ | Firm's EIN ▶ 63-10 | | | |
| | e Only | Thin staine P 5220 | | | , | | | | | |
| | • | Firm's address ▶ PO | BOX 96 | | | | | | | |
| | | 1 | NTGOMERY, | AL 36 | 101-0096 | | Phone no. 334-83 | 4-7 | 660 | |
| | | | / | | | | | | | (0046) |

| Part XV Supplementary Information 3 Grants and Contributions Paid During the Y | | | | T |
|--|--|--------------------------------|----------------------------------|--------------|
| Recipient | If recipient is an individual, | T | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| | or substantial contributor | reapion | | |
| CHILDREN'S PROTECTIVE ASSOCIATION - | | PC | | 1 |
| BRANTWOOD CHILDREN'S HOME | | | | |
| 1309 UPPER WETUMPKA ROAD | | | | |
| MONTGOMERY, AL 36107 | | | | 21,000. |
| | | | | |
| EASTER SEALS OF CENTRAL ALABAMA | | PC | | |
| 2125 E. SOUTH BOULEVARD | | | | |
| MONTGOMERY, AL 36116 | | | | 2,000. |
| | | | | |
| FAMILY PROMISE OF MONTGOMERY | | PC | | |
| P O BOX 36 | | | | |
| MONTGOMERY, AL 36101 | | | | 15,000. |
| | | | | |
| FRIENDSHIP MISSION | | PC | | |
| 3561 MOBILE HWY | | | | |
| MONTGOMERY, AL 36108 | | | | 30,000. |
| | | | | |
| HANDS ON RIVER REGION (VIC) | | PC | | |
| 2101 EASTERN BLVD #322 | | | | |
| MONTGOMERY, AL 36117 | | | | 3,000. |
| | | | | |
| | | | | |
| HOPE INSPIRED MINISTRIES 52 ADAMS AVENUE | | PC | | |
| MONTGOMERY, AL 36104 | | | | 10,000. |
| norroomer, no otto | | | | |
| | | | | |
| LIGHTHOUSE COUNSELING CENTER | | PC | | |
| 1415 E SOUTH BOULEVARD | | | | 12 000 |
| MONTGOMERY, AL 36116 | | | | 12,000. |
| | | | | |
| MEDICAL OUTREACH MINISTRIES | | PC | | |
| 1301 EAST SOUTH BLVD | | | | |
| MONTGOMERY, AL 36116 | | <u> </u> | | 35,000. |
| | | | | |
| MONTGOMERY AIDS OUTREACH | | PC | | |
| 2900 MCGEHEE ROAD | | | | |
| MONTGOMERY, AL 36117 | | ļ | | 4,000. |
| MONTGOMERY AREA COUNCIL ON AGING - | | PC | | |
| MEALS ON WHEELS | | | | |
| 115 E. JEFFERSON STREET | | | | |
| MONTGOMERY, AL 36104 | | | | 20,000. |
| Total from continuation sheets | | | | 306,605. |

WORKING WOMAN'S HOME ASSOCIATION, INC. 63-0302186

Part XV | Supplementary Information

| Part XV Supplementary Information | | | | |
|---|--|----------------------|----------------------------------|--|
| 3 Grants and Contributions Paid During the | | | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | <u> </u> |
| MONTGOMERY AREA FAMILY VIOLENCE | | PC | | ļ |
| PROGRAM - FAMILY SUNSHINE CENTER | | | | |
| P O BOX 5160 | | | | |
| MONTGOMERY, AL 36103 | | | | 40,000. |
| | | | | |
| MONTGOMERY AREA FOOD BANK | | PC | | |
| 521 TRADE CENTER STREET | | | | |
| MONTGOMERY, AL 36108 | | | | 15,000. |
| | | | | |
| NONEGOVERY GURIGETAN GGVOOT | | SCHOOL | | |
| MONTGOMERY CHRISTIAN SCHOOL 1728 SOUTH HULL STREET | | BCROOL | | |
| MONTGOMERY, AL 36104 | | | | 4,105. |
| | | | | |
| MONTGOMERY EDUCATION FOUNDATION - | | PC | | |
| CACF | | | | |
| 434 N MCDONOUGH STREET | | | | 2 000 |
| MONTGOMERY, AL 36104 | | | | 2,000. |
| | | | | |
| MONTGOMERY STEP FOUNDATION | | PC | | |
| 52 ADAMS AVENUE | | | | |
| MONTGOMERY, AL 36104 | | | | 7,500. |
| | | | | |
| NEIGHBORS IN CHRIST | | PC | | |
| P O BOX 230190 | | | | |
| MONTGOMERY, AL 36123 | | | | 15,000. |
| | | | | |
| NELLIE BURGE COMMUNITY CENTER | | PC | | 1 |
| 1226 CLAY STREET | | | | |
| MONTGOMERY, AL 36104 | | | | 40,000. |
| | | | | |
| NEW BEGINNINGS EDUCATIONAL CENTER | | PC | | |
| 806 S DECATUR STREET | | | | |
| MONTGOMERY, AL 36104 | | | | 12,000. |
| | | | | |
| DEBUTI DING MOCEMUED | | PC | | |
| REBUILDING TOGETHER 123 JULIA STREET | | [| | |
| MONTGOMERY, AL 36104 | | | | 7,000. |
| | | | | |
| | | | | |
| SAV-A-LIFE | | PC | | |
| P O BOX 241664 MONTGOMERY, AL 36124 | | | | 2,000. |
| | | _1 | | |

WORKING WOMAN'S HOME ASSOCIATION, INC.

63-0302186

| Part XV Supplementary Information | | | | 702100 |
|---|--|---------------------|----------------------------------|--------|
| 3 Grants and Contributions Paid During the Ye | | | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | Contribution | Amount |
| | | | | |
| | | | | |
| SECOND CHANCE FOUNDATION | | PC | | |
| 810 CEDAR STREET MONTGOMERY, AL 36106 | | | | 5,000. |
| | | | | 3,000. |
| | | | | |
| SUCCESS BY 6 | | PC | | |
| 2358 FAIRLANE DRIVE | | | | |
| MONTGOMERY, AL 36116 | | | | 5,000. |
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| Total from continuation sheets | | | | ļ |

| FORM 990-PF INTERE | ST ON SAVIN | IGS AND T | EMPORAR | Y CASH | INVESTMENTS | STATEMENT 1 | |
|---------------------|-----------------|------------------------------|--|---------------------------|-----------------------------|-------------------------------|--|
| SOURCE | | RE | | | (B) INVESTMENT INCOME | (C) ADJUSTED NET INCOME | |
| INTEREST | | | 103,396. 103,396. 103,396. 103,396. | | | | |
| TOTAL TO PART I, LI | NE 3 | | | | 103,396. | | |
| FORM 990-PF | DIVIDENDS | S AND INT | REST F | ROM SEC | URITIES | STATEMENT 2 | |
| SOURCE | GROSS AMOUNT | CAPITA GAINS DIVIDE | 3 | (A) REVENUE ER BOOK | | | |
| DIVIDENDS | 101,635. | | 0. | 101,63 | 5. 101,63 | 5. | |
| TO PART I, LINE 4 | 101,635. | | 0. | 101,63 | 5. 101,63 | 5. | |
| FORM 990-PF | | OTHER | INCOME | | (B) | STATEMENT 3 | |
| DESCRIPTION | | | REVE PER B | NUE | NET INVEST- MENT INCOME | ADJUSTED NET INCOME | |
| LAWSUIT SETTLEMENT | | - | | 1,610. | 0 | • | |
| TOTAL TO FORM 990-P | F, PART I, | LINE 11 | | 1,610. | 0 | • | |
| FORM 990-PF | | ACCOUN | ING FE | ES | | STATEMENT 4 | |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | | (B) INVEST- INCOME | | | |
| ACCOUNTING FEES | | 1,670 | | 1,670 | • | 0 . | |
| TO FORM 990-PF, PG | | 1,670 | | 1,670 | _ | 0. | |

| FORM 990-PF | SIONAL FEES | S | TATEMENT 5 | |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | | | (D) CHARITABLE PURPOSES |
| INVESTMENT MANAGEMENT FEES | 46,508. | 46,508. | | 0. |
| TO FORM 990-PF, PG 1, LN 16C | 46,508. | 46,508. | | 0. |
| FORM 990-PF | TAX | ES | S | TATEMENT 6 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | (D) CHARITABLE PURPOSES |
| EXCISE TAX FOREIGN TAX | 678. 2,092. | | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 2,770. | 2,092. | | 0. |
| FORM 990-PF | OTHER E | XPENSES | S | TATEMENT 7 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| INSURANCE MISCELLANEOUS | 3,023. | 0. | | 0. |
| TO FORM 990-PF, PG 1, LN 23 | 3,419. | 0. | | 0. |

| FORM 990-PF U.S. AND STATE/CITY GOVERNMENT | T OBLIGATIONS | STATEMENT 8 |
|--|---------------------------------------|----------------------|
| DESCRIPTION GOV'T GOV'T | | FAIR MARKET VALUE |
| GOVT. OBLIGATIONS X | 99,681. | 99,808 |
| TOTAL U.S. GOVERNMENT OBLIGATIONS | 99,681. | 99,808. |
| TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS | | |
| TOTAL TO FORM 990-PF, PART II, LINE 10A | 99,681. | 99,808. |
| FORM 990-PF CORPORATE STOCK | | STATEMENT 9 |
| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
| CORP. STOCK | 3,594,324. | 5,099,615. |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 3,594,324. | 5,099,615. |
| FORM 990-PF CORPORATE BONDS | · · · · · · · · · · · · · · · · · · · | STATEMENT 10 |
| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
| CORP. BONDS | 1,408,211. | 1,386,824 |
| TOTAL TO FORM 990-PF, PART II, LINE 10C | 1,408,211. | 1,386,824 |
| FORM 990-PF OTHER INVESTMENTS | | STATEMENT 11 |
| | | FAIR MARKET |
| DESCRIPTION VALUATION METHOD | BOOK VALUE | VALUE |
| | 1,017,177. | 785,108 |

| | LIST OF OFFICERS, DE AND FOUNDATION MANAGE | | STAT | STATEMENT 12 | | | |
|--|--|----|---------------------------------|--------------|--|--|--|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | | EMPLOYEE BEN PLAN CONTRIB | | | | |
| NANCY BRADFORD 1735 HILLWOOD DRIVE MONTGOMERY, AL 36106 | PRESIDENT 0.00 | 0. | 0. | 0. | | | |
| CATHERINE DAVIS 8249 MARSH POINTE DRIVE MONTGOMERY, AL 36117 | VICE PRESIDENT 0.00 | 0. | 0. | 0. | | | |
| KATHY BROWN 2625 GIRARD STREET MONTGOMERY, AL 36106 | SECRETARY 0.00 | 0. | 0. | 0. | | | |
| SUSAN PATTON 7526 LAKERIDGE DRIVE MONTGOMERY, AL 36117 | TREASURER 0.00 | 0. | 0. | 0. | | | |
| HELEN WELLS 6456 WYNWOOD PLACE MONTGOMERY, AL 36117 | DIRECTOR 0.00 | 0. | 0. | 0. | | | |
| BETH DUBINA 3259 BANKHEAD AVENUE MONTGOMERY, AL 36106 | DIRECTOR 0.00 | 0. | 0. | 0. | | | |
| WINIFRED STAKELEY 3200 JASMINE ROAD MONTGOMERY, AL 36111 | DIRECTOR 0.00 | 0. | 0. | 0. | | | |
| ALLISON CHANDLER 3473 BANKHEAD AVENUE MONTGOMERY, AL 36111 | DIRECTOR 0.00 | 0. | 0. | 0. | | | |
| EMILIE REID 3245 THOMAS AVENUE MONTGOMERY, AL 36106 | DIRECTOR 0.00 | 0. | 0. | 0. | | | |
| CAROL RICKARD 3130 JAMESTOWN DRIVE MONTGOMERY, AL 36111 | DIRECTOR 0.00 | 0. | 0. | 0. | | | |

| WORKING WOMAN'S HOME ASSOC | CIATION, INC. | | 63-03 | 02186 |
|--|-------------------|----|-------|-------|
| MILLIE HOUSTON 1867 GALENA AVENUE MONTGOMERY, AL 36106 | DIRECTOR 0.00 | 0. | 0. | 0. |
| CAROL HODGES 2114 ALLENDALE ROAD MONTGOMERY, AL 36111 | DIRECTOR 0.00 | 0. | 0. | 0. |
| MENELLE WEISS 2147 ALLENDALE ROAD MONTGOMERY, AL 36111 | DIRECTOR 0.00 | 0. | 0. | 0. |
| SUZANNE DAVIDSON 3243 BANKHEAD AVENUE MONTGOMERY, AL 36106 | DIRECTOR 0.00 | 0. | 0. | 0. |
| KATHIE MANGUM 2355 MIDFIELD MONTGOMERY, AL 36111 | DIRECTOR 0.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF | PAGE 6, PART VIII | 0. | 0. | 0. |

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

WINIFRED STAKELEY 3200 JASMINE ROAD MONTGOMERY, AL 36111

TELEPHONE NUMBER

334-239-5518

FORM AND CONTENT OF APPLICATIONS

COMPLETE THE PROJECT PROPOSAL FORM WHICH CAN BE FOUND ON THE FOUNDATION'S WEBSITE (WWW.WWHASSN.ORG) AND SUBMIT ALONG WITH IRS DETERMINATION LETTER OF 501(C)(3) STATUS, FINANCIAL STATEMENT FOR THE CURRENT YEAR AND MOST RECENT AUDIT, DETAILED PROPOSED BUDGET FOR THE ENTIRE PROJECT AND FOR FUNDS REQUESTED FROM WWHA.

ANY SUBMISSION DEADLINES

ANNUALLY BY JULY 31

RESTRICTIONS AND LIMITATIONS ON AWARDS

GEOGRAPHICAL - MONTGOMERY COUNTY, AL