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.

Internal Revenue Service   For calendar year 2018 or tax ye		irs.gov/Form990PF for instr 3 1, 2018	, and ending	JAN 31, 2019	
Name of foundation				A Employer identificatio	n number
WORKING WOMAN'	S HOME ASSOC	IATION, INC.		63-0302186	5
Number and street (or P O box number			Room/suite	B Telephone number	
7526 LAKERIDGE	E DRIVE			334-279-09	987
City or town, state or province, MONTGOMERY, AI		postal code		C If exemption application is	pending, check here
G Check all that apply	Initial return	=	ormer public charity	D 1. Foreign organization	ns, check here
Ļ	Final return	Amended return		2 Foreign organizations m check here and attach or	eeting the 85% test,
H Check type of organization	Address change	Name change		1	
Section 4947(a)(1) nonex	X Section 501(c)(3) e	Other taxable private founda	ution ()	E If private foundation st under section 507(b)(1	
Fair market value of all assets		<u> </u>	Accrual	F If the foundation is in a	
(from Part II, col. (c), line 16)	·   —	Other (specify)		under section 507(b)(1	
	13,796. (Part I, colu	mn (d) must be on cash basi	s.)		
Part I Analysis of Revenue (The total of amounts in connecessarily equal the amounts)	olumns (b), (c), and (d) may not	(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, gr				N/A	
	ation is not required to attach Sch. B				
3 Interest on savings and ten		75,170.	75,170.		STATEMENT STATEMENT
4 Dividends and interest	from securities	105,868.	105,868.	<del>                                     </del>	STATEMENT
5a Gross rents  b Net rental income or (loss)					1 7
68 Net gain or (loss) from sale	of accests not on line 10	204,562.			
Ol Green colon prince for all	956,039.	202/0021		1	<u> </u>
b assets on line 6a  7 Capital gain net income (fro			204,562.		
8 Net short-term capital	gaın				
9 Income modifications Gross sales less returns and allowances					
<b>b</b> Less Cost of goods sold					<b>_</b>
c Gross profit or (loss)		205			CM3 WEWENIA
11 Other income		285. 385,885.	<u>0.</u> 385,600.		STATEMENT
12 Total. Add lines 1 thro		363,663.	383,000.	P	<del>                                     </del>
14 Other employee salarie			<u> </u>	RECEN	
15 Pension plans, employ	-				
16a Legal fees				6	၂၂၇၂
C	STMT 4	1,250.	1,250.	S 100 10	2719   8
c Other professional fees	STMT 5	48,705.	48,705.	1	
17 Interest 18 Taxes 19 Depreciation and deple 20 Occupancy 21 Travel, conferences, ar	STMT 6	11,549.	6,355.	OGDEN.	JJ
tal 18 Taxes .ប្ត 19 Depreciation and deple		11,010.	0,333.		
20 Occupancy					
21 Travel, conferences, ar	nd meetings	1,625.	0.		(
22 Printing and publication 23 Other expenses 24 Total operating and acceptance a					ļ
23 Other expenses	STMT 7	3,964.	0.		(
24 Total operating and ac		67 002	56 310		
expenses Add lines 1		67,093. 380,640.	56,310.		380,64
25 Contributions, gifts, gr 26 Total expenses and di		300,040.		-	300,04
Add lines 24 and 25	osa i de intenta	447,733.	56,310.		380,64
27 Subtract line 26 from I	ine 12°		· ·		T .
8 Excess of revenue over exp		<61,848.>			
b Net investment incom	e (if negative, enter -0-)		329,290.		
c Adjusted net income (	if negative, enter -0-)	1		N/A	ļ

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions

	orm 990-PF (2018) WORKING WOMAN'S HOME ASSOCIATION, INC. 63-0302186 Page 2					
F	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	<del></del>	
느	<u> </u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	11	Cash - non-interest-bearing	10,742.	8,994.	8,994.	
	2	Savings and temporary cash investments	135,682.	50,640.	50,640.	
	3	Accounts receivable ▶				
	1	Less: allowance for doubtful accounts		_		
	4	Pledges receivable ▶				
	1	Less: allowance for doubtful accounts				
	5	Grants receivable			<del></del>	
	6	Receivables due from officers, directors, trustees, and other		-		
		disqualified persons				
	7	Other notes and loans receivable				
	`	Less; allowance for doubtful accounts		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
<b>'</b> A	8	Inventories for sale or use		····		
Assets	١	Prepaid expenses and deferred charges				
Ass	100	Investments - U.S. and state government obligations STMT 8	496,999.	394,965.	396,520.	
_		Investments - corporate stock STMT 9	3,706,736.	3,771,890.	4,912,854.	
		·	1,662,235.	1,724,057.	1,674,788.	
	1	·	1,002,233.	1,724,0374	1,0/4,/00.	
	11	Investments - land, buildings, and equipment basis				
	١.,	Less accumulated depreciation				
	ı	Investments - mortgage loans				
	13	Investments - other				
	14	Land, buildings, and equipment basis				
		Less accumulated depreciation				
		Other assets (describe)				
	16	Total assets (to be completed by all filers - see the	6 040 004	5 050 546		
		instructions Also, see page 1, item I)	6,012,394.	5,950,546.	7,043,796.	
	1	Accounts payable and accrued expenses				
	18	Grants payable				
es	19	Deferred revenue	<del></del>			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		<del></del>		
ia:	21	Mortgages and other notes payable				
~	22	Other liabilities (describe				
		Table 1991 - Addition 47 though 00)	0.	0.	1	
_	23	Total liabilities (add lines 17 through 22)				
		Foundations that follow SFAS 117, check here			₹ <u>}</u>	
es		and complete lines 24 through 26, and lines 30 and 31. Unrestricted			1	
ည္	1	Temporarily restricted		+	<del></del>	
ala	25	• •			<del></del>	
8	26	Permanently restricted  Foundations that do not follow SFAS 117, check here		<del></del>	<del></del>	
Š		· · · · · · · · · · · · · · · · · · ·			<u> </u>	
7		and complete lines 27 through 31.	0.	0.		
ţŞ	27	Capital stock, trust principal, or current funds	0.	0.		
Assets or Fund Balanc	28	Paid-in or capital surplus, or land, bldg , and equipment fund	6,012,394.	5,950,546.	<del></del>	
¥	29	Retained earnings, accumulated income, endowment, or other funds	6,012,394.	5,950,546.	- 1	
Net	30	Total net assets or fund balances	0,012,394.	5,950,546.		
	21	Total liabilities and net assets/fund balances	6,012,394.	5,950,546.		
=		-		3,330,3401		
<u>LP</u>	art	Analysis of Changes in Net Assets or Fund Ba	nances			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30			
	(mus	t agree with end-of-year figure reported on prior year's return)		1	6,012,394.	
2	Enter	amount from Part I, line 27a		2	<61,848.>	
3	Other	increases not included in line 2 (itemize)		3	0.	
4	Add I	ines 1, 2, and 3	<u> </u>	4	5,950,546.	
5	Decre	eases 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, co	lumn (b), line 30	6	5,950,546.	
					Form <b>990-PF</b> (2018)	

Form 990-PF (2018) WORKING WOMAN'S HOME ASSOCI.	ATION, INC.		Page 4
Part VI Excise Tax Based on Investment Income (Section		948 - see instruction	<u>s)</u>
1a Exempt operating foundations described in section 4940(d)(2), check here	and enter "N/A" on line 1.		- 1
Date of ruling or determination letter: (attach copy of letter	r if necessary-see instructions)		
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check he	re 🕨 🔛 and enter 1%	1 6,5	86.
of Part I, line 27b			-
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, en	iter 4% of Part I, line 12, col. (b) リ		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations of	nly, others, enter -0-)	2	0.
3 Add lines 1 and 2		3 6,5	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of	· ·	4	0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0	)-	5 6,5	86.
6 Credits/Payments:	1 1 4 550		
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a 4,760.		
b Exempt foreign organizations - tax withheld at source	6b 0.	-	1
c Tax paid with application for extension of time to file (Form 8868)	6c 0.		
d Backup withholding erroneously withheld			<u>-</u>
7 Total credits and payments. Add lines 6a through 6d	un attached	7 4,7	0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	is attached	9 1,8	
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overp	orid .	10	20.
11 Enter the amount of line 10 to be Credited to 2019 estimated tax	Refunded	11	
Part VII-A   Statements Regarding Activities	Retuilded		
1a During the tax year, did the foundation attempt to influence any national, state, or loca	I legislation or did it participate or interveni	e in Yes	No
any political campaign?	in logislation or old it participate or intervent	1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political	purposes? See the instructions for the defin	<del></del>	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co	•		
distributed by the foundation in connection with the activities.	, ,	•	
c Did the foundation file Form 1120-POL for this year?		10	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed duri	ng the year		
(1) On the foundation. > \$ 0. (2) On foundation mar	nagers. <b>&gt;</b> \$0.	_     ;	
e Enter the reimbursement (if any) paid by the foundation during the year for political ex	penditure tax imposed on foundation		
managers. ► \$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 gover	, ,	<del> </del>	اليا
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	ie year?	N/A 4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?  5. Was these a liquidation termination dissolution or substrated contraction dissolution.	voar?	·	x
5 Was there a liquidation, termination, dissolution, or substantial contraction during the	year -	5	<del>                                     </del>
If "Yes," attach the statement required by General Instruction T  6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisf	fied either:		] ]
By language in the governing instrument, or	noo omior.		
By state legislation that effectively amends the governing instrument so that no man	ndatory directions that conflict with the state	<sub>e law</sub>	
remain in the governing instrument?		6 X	
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	
. ,			
8a Enter the states to which the foundation reports or with which it is registered. See inst	tructions. ►_		
_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 G2 If "No," attach explanation	, ,	8b X	
9 Is the foundation claiming status as a private operating foundation within the meaning	of section 4942(j)(3) or 4942(j)(5) for cale	endar	
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,		9	X
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a	schedule listing their names and addresses	10	X
		Form 990-PF	(2018)

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3b

4a

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2018.)

had not been removed from jeopardy before the first day of the tax year beginning in 2018?

b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Yes X No

N/A

during the year?

Form 990-PF (2018) WORKING WOMAN'S HOME ASS	CIATION, INC	•	63-03021	86	Page 6
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be R	equired (contin	ued)		
5a During, the year, did the foundation pay or incur any amount to				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indir		(**)	1	1 1
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y <sub>1</sub>	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		(TET		
4945(d)(4)(A)? See instructions			es X No		( (
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		[Ter]	İ	
the prevention of cruelty to children or animals?			es X No	4	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in Regulations			لـــا
section 53 4945 or in a current notice regarding disaster assistance? See instru			N/A	5b	<del></del> ,
Organizations relying on a current notice regarding disaster assistance, check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			l		
expenditure responsibility for the grant?	ľ	1/A Y	es L  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 p	ay premiums on		es X No		
a personal benefit contract?	arangal hapofit and rest	Y(		<u></u>	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonar benent contract?		<u> </u> -	6b	<u> </u>
If "Yes" to 6b, file Form 8870	halter transaction?		es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s b If "Yes," did the foundation receive any proceeds or have any net income attribu		'''	/-	7b	<del>-</del> -
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$			- **/	<u>''</u>	1
excess parachute payment(s) during the year?	1,000,000 in remaileration of		es X No		
Part VIII Information About Officers, Directors, Truste	es Foundation Mai		5 21 100		<u></u>
Paid Employees, and Contractors	co, roundation ma	agoro, raginy			
1 List all officers, directors, trustees, and foundation managers and th	eir compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp account,	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, allowai	, other nces
	•		-		
SEE STATEMENT 11		0.	0.		0.
		<u> </u>			
		L			
2 Compensation of five highest-paid employees (other than those incl		enter "NONE."	(d) Contributions to	1.15.	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e) Exp account,	ense other
	hours per week devoted to position		compensation	allowar	nces
NONE					
	. <del></del>	ļ			
		<del></del>	-		
		<del>                                     </del>			
		L			
Total number of other employees paid over \$50,000	<del>-</del>			990-PF	0
			Form	ショロードト /	(2018)

Form 990-PF (2018) WORKING WOMAN'S HOME ASSOCIATION, IN		-0302186 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation M Paid Employees, and Contractors (continued)	lanagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE	Ξ,"	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		<del></del>
Total number of others receiving over \$50,000 for professional services	<del></del>	▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	rmation such as the	Expenses
1 N/A		-
		4
2		
		<u> </u>
3		
		<del>-</del>
4		-
Part IX-B   Summary of Program-Related Investments		1
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 ai	nd 2	Amount
1 N/A	<del></del>	<del>                                     </del>
		]
2		<del></del>
		-
All other program-related investments See instructions.		
3		_
		-
		_
Total Add lines 1 through 3		0.

823561 12-11-18

380,640.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

b Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

income. Enter 1% of Part I, line 27b

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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Form 990-PF (2018) WORKING WO	MAN'S HOME ASS	OCIATION, INC.	63-0	)302186 Page 9
Part XIII Undistributed Income (s	see instructions)			
	Г			(4)
•	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,				
line 7				361,671.
2 Undistributed income, if any, as of the end of 2018				<u> </u>
a Enter amount for 2017 only			0.	
b Total for prior years:				
		0.	***	
3 Excess distributions carryover, if any, to 2018:				
a From 2013 31,042.				
b From 2014 59, 251.				
c From 2015 38,328.				
d From 2016 24, 280.				
e From 2017 25,867.	150 560			
f Total of lines 3a through e	178,768.			·
4 Qualifying distributions for 2018 from				
Part XII, line 4: ► \$ 380,640.			, 1	
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		W
c Treated as distributions out of corpus	0.		İ	
(Election required - see instructions)			<del></del>	361,671.
d Applied to 2018 distributable amount	18,969.			301,071.
e Remaining amount distributed out of corpus  5 Excess distributions carryover applied to 2018	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:				
8 Corpus Add lines 31, 4c, and 4e Subtract line 5	197,737.			
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				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.	777		0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2019	<del></del>			0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)  8 Excess distributions carryover from 2013				
not applied on line 5 or line 7	31,042.			
9 Excess distributions carryover to 2019.	J1,042.	· · ·		
Subtract lines 7 and 8 from line 6a	166,695.			
10 Analysis of line 9				
a Excess from 2014 59,251.				
b Excess from 2015 38,328.			}	
c Excess from 2016 24, 280.				
d Excess from 2017 25,867.				
e Excess from 2018 18,969.				

e Excess from 2018 823581 12-11-18

Form 990-PF (2018) WORKING	WOMAN'S HO	ME ASSOCIAT	ION, INC.	63-03	02186 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	<del></del>
1 a If the foundation has received a ruling of			. 1		
foundation, and the ruling is effective fo	•	•	· · ▶└—	101011101	10(1)(5)
b Check box to indicate whether the foun		ig foundation described if		4942(j)(3) or 49	42(J)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2018	<b>(b)</b> 2017	Prior 3 years (c) 2016	(d) 2015	(e) Total
income from Part I or the minimum	(4) 2010	(0) 2017	(0) 2010	(0/2010	(0) 100
investment return from Part X for					
each year listed	<u> </u>		<del>                                   </del>	<del>                                     </del>	
b 85% of line 2a		<del></del>		<del>  /                                   </del>	
c Qualifying distributions from Part XII,			,		
line 4 for each year listed	<del></del>		<del> /</del>	<del>                                     </del>	
d Amounts included in line 2c not				ľ	
used directly for active conduct of					
exempt activities			<del>  /                                   </del>	<del>                                     </del>	
e Qualifying distributions made directly	1	}	/		
for active conduct of exempt activities		/			
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the			<del></del>	<u> </u>	
alternative test relied upon.					i
a "Assets" alternative test - enter:					
(1) Value of all assets				<del> </del>	
(2) Value of 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			<u></u>	<u> </u>	
c "Support" alternative test - enter:			ĺ		
(1) Total support other than gross				1	
investment income (interest, dividends, rents, payments on	1				
securities loans (section				1	
512(a)(5)), or royalties)	<u></u>			<del> </del>	
(2) Support from general public and 5 or more exempt					
organizations as oxovided in					
section 4942(j)(8)(B)(iii)					
(3) Largest amount of support from					
an exempt organization				-	
(4) Gross investment income		a Alain mank ambail	i dha ɗa un dadi a a	had 65 000 as man	- in
Part∤XV# Supplementary Info			the foundation	nad \$5,000 or mor	e in assets
		uctions.j	<del></del>	<del></del>	
1 Information Regarding Foundation	-				
a List any managers of the foundation wh year (but only if they have contributed n			ibutions received by the	foundation before the close	of any tax
	1016 (11411 40,000) (066 31	3011011 307 (U)(E).)			
NONE					
b List any managers of the foundation wh other entity) of which the foundation ha			or an equally large portion	in of the ownership of a par	thership or
••	o a 1070 of grouter interes	•			
NONE	0 0	Oakalanakia ata Daa			
2 Information Regarding Contributi		• • • •	- <del>-</del>	at appeal upgaligited reque	ata for fundo. If
Check here \( \sum_{\textcolored} \) if the foundation of the foundation makes gifts, grants, etc.	•	•	-	ot accept unsolicited reque	515 TOT TUTIOS. 11
a The name, address, and telephone num			<del></del>	<del></del>	
a The hame, address, and telephone humi	Jei of elliali address of the	e person to whom applica	mons should be dooress	icu.	•
SEE STATEMENT 12					
<b>b</b> The form in which applications should be	e submitted and informat	ion and materials they sh	ould include.		
c Any submission deadlines:		<del></del>			
					<del></del>
d Any restrictions or limitations on award	s, such as by geographica	i areas, charitable fields, l	kinds of institutions, or c	otner factors.	

3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
AGAPE OF CENTRAL ALABAMA		PC		
P.O. BOX 230472				
MONTGOMERY, AL 36123				12,50
AID TO INMATE MOTHERS		PC		
P O BOX 986 MONTGOMERY, AL 36101				10,000
WONTGOMENT, AL SOLOT				10,000
BOYS & GIRLS CLUBS OF THE RIVER		PC		
REGION				
Р О ВОХ 235				
MONTGOMERY, AL 36101	-			16,000
CATHOLIC SOCIAL SERVICES	Ĭ	CHURCH		
4455 NARROW LANE ROAD				20,000
MONTGOMERY, AL 36116				
2177 D. D. D. D. D. D. D. D. D. D. D. D. D.				
CHILD PROTECT 935 S PERRY STREET		PC		
MONTGOMERY, AL 36104	·			17,200
	NTINUATION SHEE	T(S)	<b>▶</b> 3a	380,640
<b>b</b> Approved for future payment				
NONE				
		-		
<del></del>			·	
	<u></u>			
Total			<u>▶ 3b</u> [	n <b>990-PF</b> (20

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		<del></del>		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
CHILDREN'S CENTER		school		
310 N MADISON TERRACE				
MONTGOMERY, AL 36107				4,500
CHILDREN'S PROTECTIVE ASSOCIATION -		PC		
BRANTWOOD CHILDREN'S HOME				
1309 UPPER WETUMPKA ROAD .				
MONTGOMERY, AL 36107				20,000
COMMUNITIES OF TRANSFORMATION		CHURCH		
5004 SCARLETT DRIVE				
PHENIX CITY, AL 36867				1,500
EASTER SEALS OF CENTRAL ALABAMA		₽C		
2125 E. SOUTH BOULEVARD				
MONTGOMERY, AL 36116				4,200
	<del></del>		<del></del>	
FAMILY PROMISE OF MONTGOMERY		PC		
P O BOX 36				14 000
MONTGOMERY, AL 36101	<del></del>			14,000
				:
FRIENDSHIP MISSION		PC		
3561 MOBILE HWY				30.000
MONTGOMERY, AL 36108	<del> </del>	<del> </del>	<del></del>	30,000
HANDS ON RIVER REGION (VIC)		PC		
2101 EASTERN BLVD #322 MONTGOMERY, AL 36117				3,000
ACKTOOMERT, AB JULIT				3,0
HOLY CROSS EPISCOPAL SCHOOL		SCHOOL		
4400 BELL ROAD MONTGOMERY, AL 36116				5,000
ACCUTOMBAT, AD 30110		<del>                                     </del>		
HOPE INSPIRED MINISTRIES		PC	; 	
52 ADAMS AVENUE				10.000
MONTGOMERY, AL 36104	<del> </del>	· .		10,000
-		] ]		
LIGHTHOUSE COUNSELING CENTER		PC		
1415 E SOUTH BOULEVARD MONTGOMERY, AL 36116				20,000.
Total from continuation sheets		<u> </u>		304,940.

Part XV   Supplementary Information				
3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
MEDICAL OUTREACH MINISTRIES		₽C		
1301 EAST SOUTH BLVD				
MONTGOMERY, AL 36116		,, ,,		35,000.
MONTGOMERY AREA COUNCIL ON AGING -		₽C		
MEALS ON WHEELS				
115 E. JEFFERSON STREET				
MONTGOMERY, AL 36104	ļ <del>.</del>			20,000.
MONTGOMERY AREA FAMILY VIOLENCE		₽C		
PROGRAM - FAMILY SUNSHINE CENTER				
P O BOX 5160				
MONTGOMERY, AL 36103				40,000.
MONTGOMERY AREA FOOD BANK		₽C		
521 TRADE CENTER STREET				
MONTGOMERY, AL 36108				15,000.
MONTGOMERY CHRISTIAN SCHOOL		SCHOOL		
1728 SOUTH HULL STREET			•	
MONTGOMERY, AL 36104	<u> </u>			4,240.
November Thursday Telephones				
MONTGOMERY EDUCATION FOUNDATION - CACF		PC		
434 N MCDONOUGH STREET				
MONTGOMERY, AL 36104				1,500.
MONTGOMERY STEP FOUNDATION		PC		
\$2 ADAMS AVENUE		.		
MONTGOMERY, AL 36104				7,500.
NELLIE BURGE COMMUNITY CENTER		PC		
1226 CLAY STREET				
MONTGOMERY, AL 36104				40,000.
NEW BEGINNINGS EDUCATIONAL CENTER		pc (		
806 S DECATUR STREET				
MONTGOMERY, AL 36104	<del></del>	<del> </del>		6,000.
REBUILDING TOGETHER		PC		
123 JULIA STREET				
MONTGOMERY, AL 36104	<del></del>		<del> </del>	7,500.
Total from continuation sheets				

3 Grants and Contributions Paid During the Y	rear (Continuation)	<del>,                                    </del>		
<u> </u>	show any relationship to		Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	
SAV-A-LIFE		PC		
P O BOX 241664				
MONTGOMERY, AL 36124				5,0
SECOND CHANCE FOUNDATION		PC		
310 CEDAR STREET				10.00
ONTGOMERY, AL 36106		1		10,00
UCCESS BY 6		₽C		
358 FAIRLANE DRIVE				
ONTGOMERY, AL 36116				1,00
	1			
		-		
<del></del>				
<del></del>				
· · · · · · · · · · · · · · · · · · ·				
		]		
Total from continuation sheets		L		

Part XVI-A	Analys	is of Inc	ome-Produ	ıcina A	ctivities
1 411 7 1 7	,a.y s	0 01 1110	onic i loud	iving $r$	CHAICICO

Enter-gross amounts unless otherwise indicated	Unrelate	d business income		led by section 512, 513, or 514	(e)	
•	(a)	(b)	(c) Exclu-	(d)	Related or exempt	
1 Program service revenue	Business   code	Amount	sion	Amount	function income	
a					<del></del>	
b						
c						
d						
e						
f						
g Fees and contracts from government agencies					a	
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments			14	75,170.		
4 Dividends and interest from securities			14	105,868.		
5 Net rental income or (loss) from real estate		• •	$\rightarrow$	•		
a Debt-financed property			$\perp$			
b Not debt-financed property			$\perp$			
6 Net rental income or (loss) from personal property						
7 Other investment income					<del></del>	
8 Gain or (loss) from sales of assets other than inventory		_	18	204,562.		
9 Net income or (loss) from special events						
O Gross profit or (loss) from sales of inventory						
1 Other revenue						
a LAWSUIT SETTLEMENT			01	285.		
b			4			
c	<u> </u>					
d			$\bot$		·	
e						
2 Subtotal. Add columns (b), (d), and (e)		0	<u> </u>	385,885.	0.	
3 Total Add line 12, columns (b), (d), and (e)				13	385,885.	
(See worksheet in line 13 instructions to verify calculations )					·	

Part XVI-B	Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)						
		<del></del>					
	· · · · · · · · · · · · · · · · · · ·	<del>-</del>					
		<del></del>					
		<del></del>					
<del></del>		<del></del>					
823621 12-11-	18	Form <b>990-PF</b> (2018)					

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship		<del></del>	<del></del>			<del> </del>						
In section 501(c) (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship												
In section 501(c) (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship								_				
In section 501(c) (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship					<del></del>				-			
In section 501(c) (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship			ations described	e-exempt organization	related to, one or more tax-	tly affiliated with, or	indation directly or indirect	Is the four	2a			
b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship	X No	Yes			·	•	•					
(a) Name of organization (b) Type of organization (c) Description of relationship					•••••				b			
		(c) Description of relationship	((	of organization	(b) Type o							
		<del></del>	·	<del></del>	<del>-                                     </del>		<u>`</u>	-				
			_ <del></del>					-				
							·					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge  May the IRS discuss this		st of my knowledge	tements, and to the best	g schedules and stat	s return, including accompanying	that I have examined the	penalties of perjury, I declare the	Under				
Sign and belief, it is true, correct, and complete theoleration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer	preparer	as any knowledge return with the	on of which preparer has	ised on all information	eparer (other than taxpayer) is ba-	plete Declaration of pr	elief, it is true, correct, and com	an and be	Sig			
Hara Hara Silver and Indian Si	See instr		TREASI	14/19	- 16	(HATA	dusa Ir					
Signature of officer or trustee Date Title		7		<del>  '   '   '                            </del>	Date	- COE WIN		Stor				
Print/Type preparer's name Preparer's signature Date Check if PTIN		Check T if PTIN										
self- employed		L			Tropardro dignaturo		Transcript property of a					
Paid CHRISTINE K. COOK CHRISTINE K. COOK 05/28/19 P00537690	:an	· •		COOK	CUDICTINE V	r coor	CUDICTINE I	id	Pa			
CIRCIDITIVE R. COOK CIRCIDITIVE R. COOK (55/26/15) 110035/050												
Use Only	، ن	Firm S EIN P 03-10332		Firm's name ► JACKSON THORNTON & CO., PC								
Firm's address ▶ PO BOX 96		<del></del>			<del></del>	DOY OF	Eirm's address NO		•			
MONTGOMERY AT. 36101-0096 Phone no. 334-834-7660	:60	Dhana na 334_834_7		106	XT 26101 00							

FORM 990-PF INTERE	ST ON SAVI	NGS AND T	EMPOR	ARY C	ASH IN	NESTMENTS	STAT	EMENT 1	
SOURCE		RE'	(A) REVENUE NET PER BOOKS		(B) NET INVESTMENT INCOME		AD	(C) ADJUSTED NET INCOME	
		<del> </del>	75,1	70.	75,170.				
TOTAL TO PART I, LI	NE 3		75,1	70.		75,170.			
FORM 990-PF	DIVIDENDS	S AND INT	EREST	FROM	SECUR	RITIES	STAT	EMENT 2	
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDES	3	REV:	A) ENUE BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED ET INCOME	
DIVIDENDS	105,868	•	0.	10	5,868.	105,86	8.		
TO PART I, LINE 4	105,868	•	0.	10	5,868.	105,86	8.		
FORM 990-PF		OTHER	INCO	ME			STATI	EMENT 3	
DESCRIPTION			RE	(A) VENUE BOOK		(B) JET INVEST- JENT INCOME		(C) JUSTED INCOME	
LAWSUIT SETTLEMENT		_			285.	0	•		
TOTAL TO FORM 990-P	F, PART I,	LINE 11			285.	0	<u>.                                    </u>		
FORM 990-PF		ACCOUNT	ring	FEES	=	<u></u>	STATI	EMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) I INV NT INC		(C) ADJUSTED NET INCOM		(D) HARITABLE PURPOSES	
ACCOUNTING FEES		1,250		1	,250.	-		0.	
TO FORM 990-PF, PG	 1, LN 16B	1,250	<del>-</del>	1	,250.			0.	

FORM 990-PF (	OTHER PROFES	SIONAL FEES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT MANAGEMENT FEES	48,705.	48,705.		0.	
TO FORM 990-PF, PG 1, LN 16C	48,705.	48,705.		0.	
FORM 990-PF	TAX	ES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
EXCISE TAX FOREIGN TAX	5,194. 6,355.			0.	
TO FORM 990-PF, PG 1, LN 18 =	11,549.	6,355.		0.	
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INSURANCE MISCELLANEOUS	3,107. 857.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	3,964.	0.		0.	

FORM 990-PF U.S. AN	D STATE/CITY GOVERNMENT	OBLIGATIONS	STATEMENT 8
DESCRIPTION	U.S. OTHER GOV'T GOV'T	BOOK VALUE	FAIR MARKET VALUE
GOVT. OBLIGATIONS	х	394,965.	396,520.
TOTAL U.S. GOVERNMENT OBLI	GATIONS	394,965.	396,520.
TOTAL STATE AND MUNICIPAL	GOVERNMENT OBLIGATIONS		
TOTAL TO FORM 990-PF, PART	II, LINE 10A	394,965.	396,520.
FORM 990-PF	CORPORATE STOCK		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORP. STOCK	•	3,771,890.	4,912,854.
TOTAL TO FORM 990-PF, PART	II, LINE 10B	3,771,890.	4,912,854.
FORM 990-PF	CORPORATE BONDS		STATEMENT 10
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORP. BONDS	•	1,724,057.	1,674,788.
TOTAL TO FORM 990-PF, PART	TT LINE 10C	1,724,057.	1,674,788.
TOTAL TO FORM 330-FF, FART	II, DIND IOC		

	D FOUNDATION MANAGE			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
CATHERINE DAVIS 8249 MARSH POINTE DRIVE MONTGOMERY, AL 36117	PRESIDENT 0.00	0.	0.	0.
BETH DUBINA 3259 BANKHEAD AVENUE MONTGOMERY, AL 36106	VICE PRESIDENT 0.00	0.	0.	0.
CAROL RICKARD 2114 ALLENDALE ROAD MONTGOMERY, AL 36111	SECRETARY 0.00	0.	0.	0.
SUSAN PATTON 7526 LAKERIDGE DRIVE MONTGOMERY, AL 36117	TREASURER 0.00	0.	0.	0.
NANCY BRADFORD 1735 HILLWOOD DRIVE MONTGOMERY, AL 36106	DIRECTOR 0.00	0.	0.	0.
KATHY BROWN 3032 BANKHEAD AVENUE MONTGOMERY, AL 36106	DIRECTOR 0.00	0.	0.	0.
ALLISON CHANDLER 3473 BANKHEAD AVENUE MONTGOMERY, AL 36111	DIRECTOR 0.00	0.	0.	0.
SUSANNAH CLEVELAND 1717 VAUGHN LANE MONTGOMERY, AL 36106	DIRECTOR 0.00	0.	0.	0.
SUZANNE DAVIDSON 3243 BANKHEAD AVENUE MONTGOMERY, AL 36106	DIRECTOR 0.00	0.	0.	0.
MILLIE HOUSTON 1867 GALENA AVENUE MONTGOMERY, AL 36106	DIRECTOR 0.00	0.	0.	0.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 11

WORKING WOMAN'S HOME ASSOCIATION	1, INC		<u>63-03</u>	302186
KATHIE MANGUM 2355 MIDFIELD MONTGOMERY, AL 36111	DIRECTOR 0.00	0.	0.	0.
MENELLE WEISS 2147 ALLENDALE ROAD MONTGOMERY, AL 36111	DIRECTOR 0.00	0.	0.	0.
HELEN WELLS 6456 WYNWOOD PLACE MONTGOMERY, AL 36117	DIRECTOR 0.00	0.	0.	0.
MILDRED INGE WAKEFIELD 3221 THOMAS AVENUE MONTGOMERY, AL 36106	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 12

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CATHERINE DAVIS 8249 MARSH POINTE DRIVE MONTGOMERY, AL 36117

TELEPHONE NUMBER

334-260-5572

## 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