Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Ā	For the	2013 cale	ndar year, or tax year beginning , 2018, and en	ding		, 20				
В	Check if a	applicable	C Name of organization Christian Women's Job Corps of Madison C	ounty, Inc.	D Employe	er identification number				
	Address	change	Doing business as		63-12	202860				
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address) Room	/suite	E Telephor	ne number				
	Initial retu	irn	600 Governor's Drive		(256)	428-9435				
	Final return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code							
X	Amended	i return	Huntsville, AL 35801		G Gross re	ceipts \$ 208,550.				
	Application	on pending	F Name and address of principal officer	H(a) Is this a g	roup return for s	subordinates? Yes X No				
			Troy Don Sanders, 600 Governor's Drive, Huntsville, AL 3	5801 H(b) Are all	subordinates	included? Yes No				
ī	Tax-exen	npt status		If "N	lo " attach a	list (see instructions)				
J	Website.	► N	I/A	H(c) Group	exemption	number >				
K	Form of o	rganization	X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	mation 199	8 M State	of legal domicile AL				
P	art I	Summ	nary							
	1	Briefly de	escribe the organization's mission or most significant activities. Equ	iping wom	en with	n essential				
če		skı	lls to improve their lives.							
Governance										
ver	2	Check th	his box $ ightharpoonup$ if the organization discontinued its operations or dispose	d of more thar	า 25ุ% of ุเ	ts net assets.				
	1				3	15				
Activities &			of independent voting members of the governing body (Part VI, line 1	b)	4	15				
ţ	1		mber of individuals employed in calendar year 2018 (Part V, line 2a)		5	4				
ξ	1		mber of volunteers (estimate if necessary)	<u></u>	6	100				
Ă	1		related business revenue from Part VIII, column (C), line 12	EIVED	7a	0.				
	b	Net unre	lated business taxable income from Form 990-T, line 38		_	0.				
	ŀ		tions and grants (Part VIII, line 1h)		gar	Current Year				
Revenue	i .			5 2019 20	4,229.	209,282.				
			service revenue (Part VIII, line 2g)	- 0) ;					
ě			ent income (Part VIII, column (A), lines 3, 4, and 7d) OGDE	N, UT	6,945.	-732.				
_	1		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		j					
			enue—add lines 8 through 11 (must equal Part VIII. column (A), line 12)	21	1,174.	208,550.				
	1		nd similar amounts paid (Part IX, column (A), lines 1-3)							
			paid to or for members (Part IX, column (A), line 4)							
%	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	9	6,533.	104,352.				
BENEFINED	16a		onal fundraising fees (Part IX, column (A), line 11e)							
2	, b		draising expenses (Part IX, column (D), line 25) 32,764.		0,908.	84,882.				
ī	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		7,441.	189,234.				
	18		benses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,733.	19,316.				
}	+	Revenue	less expenses. Subtract line 18 from line 12	Beginning of Ci		End of Year				
Not Asseld of	20	Tatal and	sets (Part X, line 16)		7,338.	347,106.				
Seg-	21		bilities (Part X, line 26)	32	7,330.	347,100.				
1	22		its or fund balances. Subtract line 21 from line 20	32	7,338.	347,106.				
Ä	art II		ture Block	<u> </u>	77550.	317,100.				
<u> </u>	der nenal		ary, I declare that I have examined this return, including accompanying schedules and st	atements, and to	he best of n	ny knowlodgo and belief it is				
tru	e, correct	and comp	lete Declaration of preparer (other than officer) is based on all information of which prepare	arer has any know	ledge	,				
			Lugar Con		8 100	15				
Sig	gn	Sigg	lature of officer	Da	ate					
He	-	Tγ	oy D Sanders, Treasurer							
			e or print name and title							
Da		Print/Ty	rpe preparer's name Preparer's signature	Date	Check	PTIN				
Pa	ılu eparel	_ ТНОМ	AS T DYER, CPA THOMAS T DYER, CPA	07/01/201		Toyed P01212172				
	eparei se Only			Firr	n's EIN ► ()2-0639648				
US	e Oill	v ;——				56)536-1020				
Ma	y the IR		s this return with the preparer shown above? (see instructions)			🔀 Yes 🗌 No				
For	Paperw	ork Redu	iction Act Notice, see the separate instructions. BAA	REV 05/20/19 PRO		Form 990 (2018)				

						
			4 * * W N S-PM-000000			*************
 ld	Other program services	(Describe in Sche	dule O.)		thilling to	
	(Expenses \$	including gra	ints of \$) (Revenue \$)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ŧe	Total program service es	xpenses >	142,218.			
******		·	REV 05/20/19	PRO		Form 990 (2018)

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

Part	IV Checklist of Required Schedules (continued)		r	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	entarboo	18 լլ ի տոլ	V 1001 T MG I
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		×
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
50	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
_	5. "		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable]		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1. 1 1 5 1 100	ia UniteVo

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	-9C3F4658
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a -	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country. ▶	4013330		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	anise e	×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		,	
	gifts were not tax deductible?	6b	211448144	Fu of Niffad
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Mark	malam ×
b	If "Yes." did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
įh į	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	33885 33885	9848153173
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		
э a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			70
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts. included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		4.7	
120	against amounts due or received from them.)	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	¥324£	W014
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		Q .	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	77.74.00.00
	Note. See the instructions for additional information the organization must report on Schedule O.	951		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	MASS	松憑	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>×</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	······	ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		
	excess parachute payment(s) during the year?	15	10144	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.	STA		KAA
				(2018)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	ce ins	ctructi	ons.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>			×
Section	on A. Governing Body and Management				
	·	1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 15)·/		3
	If there are material differences in voting rights among members of the governing body, or		. ` `	٨.	1
	if the governing body delegated broad authority to an executive committee or similar		,		
_	committee, explain in Schedule O.		-		8
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 15	1		
2	Did any officer, director, trustee, or key employee have a family rolationship or a business any other officer, director, trustee, or key employee?		`2	s <u>etar, le juu</u>	×
3	Did the organization delegate control over management duties customarily performed by or				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		<u>×</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organization		5		×
5 6	Did the organization become aware during the year of a significant diversion of the organization have members or stockholders?	JII 5 a556151.	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint	-		<u> </u>
ıa	one or more members of the governing body?		7a		×
b	Are any governance decisions of the organization reserved to (or subject to approva				
•	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following.	dertaken during	cataro ou o		
а	The governing body?		8a	×	لدسحا
b	Each committee with authority to act on behalf of the governing body?		8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A. who cannot be supported by the section of the section	ot be reached at		<u> </u>	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		
Section	on B. Policies (This Section B requests information about policies not required by th	e Internal Reven	uc C	odc.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	×	
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption of the control of t		10b	×	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			<u> </u>	لننت
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		×
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	=	12c		
13	Did the organization have a written whistleblower policy?		13		×
14	Did the organization have a written document retention and destruction policy?		14		×
15	Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation) renomateme	ны унты — л.	() .
а	The organization's CEO, Executive Director, or top management official		15a	×	
b	Other officers or key employees of the organization		15b	×	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simulation at the participate of a second with a taxable entity during the year?	_	16a	asiallallillassa)	×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization		٠.,		13 1
	participation in joint venture arrangements under applicable fodoral tax law, and take steps organization's exempt status with respect to such arrangements?		16b	1 <u>1,4 m mm 1</u>	
Section	on C. Disclosure			I	L
17	List the states with which a copy of this Form 990 is required to be filed ▶	-22-11-11.1111.2.1-2.11.1111.1111.1111.			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable	e), 990, and 990-	Γ (Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that	it apply.	,		1-7
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Sc.	•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	nts, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			_	
20	State the name, address, and telephone number of the person who possesses the organization of the person of the		coras		

Form 990 (2018)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average	(C) Position (do not check more than one box, unless person is both an						(D)	(E)	(F) Estimated
Name and The	hours per week (list any hours for related organizations below dotted line)		er and		irect	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1)Elaine Dickson Executive Director	32.00				×			34,382.	0.	0.
(2) DeMarco McClain Chairman	4.00	×		×				0.	0.	0.
(3) Joelene Vickers Vice Chair	4.00	×		×				0.	0.	0.
(4) Anne Stone Secretary	4.00	×		×				0.	0.	0.
(5) Don Sanders Treasurer	4.00	×		×				0.	0.	0.
(6) Beth Bice Member	2.00	×						0.	0.	0.
(7) Lisa Greet Ceci Member	2.00	×						0.	0.	0.
(8) Carole Chase Member	2.00	×						0.	0.	0.
(9) Carla Cobb Member	2.00	×						0.	0.	0.
(10) Rochelle Conley Member	2.00	×						0.	0.	0.
(11) Kim Cox Member	2.00	×						0.	0.	0.
(12)Amy Harbarger Member	2.00	×						0.	0.	0.
(13) Amelia Hatchett Member	2.00	×						0.	0.	0.
(14)John Hearne Member	2.00	×						0.	0.	0.

REV 05/20/19 PRO

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(C)													
	(A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)	' '			
	Nâme and title	Average	box,	unles	s pe	rson	is both	an	Reportable compensation	Reportable compensation			imated	
	•	hours per week (list any	—		_		or/trus	<u> </u>	from	related			ount of other	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizatio (W-2/1099-M			ensatio	on
		organizations	ndua rect	utio	Œ.	emp	est o	Jel Je	organization (W-2/1099-MISC)	(44-2/1099-14	1130)		om the Inization	n
		below dotted	오늘	nal		oloye	eom					and	related	j
		line)	ıste	trus		ě	pen					orga	nızatıor	ns.
			(1)	tee			sate							
/4.5\ T	anda Caalla	2 00		-										
M	ında Spalla ember	2.00	×]			0.		0.			Ο.
	arbara Williams	2.00		-	<u> </u>	_		\vdash	ļ			.,		
	ember	2.00	×						0.		0.			0.
(17)										.,				
37.17														
(18)														
33		1						}]					
(19)								ļ	, , , , , , , , , , , , , , , , , , , ,					
		T												
(20)												·		
(21)														
(22)									į					
(23)														
(0.4)		<u></u>						ļ					····-	
(24)	*****													
(25)								<u> </u>						· ······
(25)								}						
1b	Sub-total	1		L1				<u> </u>	34,382.		0.	JJ-30		0.
C	Total from continuation sheets to Part		n A	•	•			•	31,302.					
ď	Total (add lines 1b and 1c)				•			•	34,382.		0.			0.
2	Total number of individuals (including but							e) w	· · · · · · · · · · · · · · · · · · ·	ore than \$10	لـــــــــــــــــــــــــــــــــــــ	0 of		
_	reportable compensation from the organi							-,		•	,,,,,,			
													Yes	No
3	Did the organization list any former of	ficer, direc	tor. c	r tr	uste	ee.	kev e	ame	olovee, or high	est compe	nsate	d		
	employee on line 1a? If "Yes," complete s											3		×
4	For any individual listed on line 1a, is the	sum of rea	oortal	ole d	com	nper	nsatio	n a	nd other comp	ensation fro	om th	е		- 1
	organization and related organizations													
	ındıvıdual	•										4	<u> </u>	X
5	Did any person listed on line 1a receive of									ation or ind	ıvıdua			
	for services rendered to the organization	? If "Yes," c	ompl	ete .	Sch	edu	ile J f	or s	uch person		<u>. </u>	5		
Section	on B. Independent Contractors										_			
1	Complete this table for your five highest of													
	compensation from the organization. Rep	ort comper	nsatio	on fo	or th	ie ca	alend	ar y	car ending wit	h or within t	he or	ganizati	on's t	ах
	year.							Γ						
	(A) Name and business add	ress							(B) Description of si	ervices		(C) Compens		
					-				. ,	-			- · •	
								 			······································			
				-			_	-			·			
											·····			
2	Total number of independent contractor	rs (mcJodo	ıa hii	1 11	<u> </u>	לוניוו	ed to	th;	ose listed abo	ove) who	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,) NATO MANDE 1400 1	,	
_	received more than \$100 000 of compens									-,				,]

	Form 990 (2018) Page 9									
Par	VIII	Statement of Reve			,	B (1/11)				
		Check if Schedule O	contains a res	ponse or note t	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514		
ts ts	1a	Federated campaigns	s la			ievende		44.000.000 VS		
is, Grants Amounts	ь	Membership dues .								
5 4	С	Fundraising events .	<u>1c</u>	128,176.	A TO THE LIMITED PROPERTY OF THE PARTY OF TH	រង្គរប់ពីរបស់ការការប្រព័ត្តការពេលការការការការការការការបាន ការបានប្រជាពិសាសការការការការការការការការការការការការការក		A CONTRACTOR OF THE CONTRACTOR		
Gift.	d	Related organizations								
	e	Government grants (con								
utio	f	All other contributions, g and similar amounts not inc		81,106.						
Contributions, Giff and Cther Similar	g	Noncash contributions includ	I	0.				TORIES SERVICES		
Contributions, and Cther Sim	h	Total. Add lines 1a-1			209,282.					
		1	,	Business Code		មួយប្រជាពលរាជនាការប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋបានប្រជាពលរ ប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋបានប្រជាពលរដ្ឋបានបង្គមិនប្រជាពលរដ្ឋបានបង្គមិនបានបង្គមិនបានបង្គមិនបានបង្គមិនបានបង្គមិន		uning in denoted with the end of		
Program Service Revenue	2a						****			
e Re	b									
2	C									
ı Se	d									
graı	f	All other program ser	vice revenue .							
Pro	g	Total. Add lines 2a-2	f <u>.</u> .			######################################				
-	3	Investment income		_	,		_	_		
		and other similar amo			-732.	-732.	0.	0.		
	4 5	Income from investmen Royalties		ona proceeas >						
	3	noyanies	(i) Real	(II) Personal						
	6a	Gross rents								
	b	Less. rental expenses						William Control of the Control of th		
	с_	Hental income or (loss)					12.2.78.72.43.44.75.42.			
	d	Net rental income or ((IOSS)		NOACONICARE ENGRE	karentura indeks	ingi Carin karataran	Hawaran kataran kanan		
	7a	Gross amount from sales of assets other than inventory	(,, 0000, 11100	(ii) Cilio						
	ь	Less, cost or other basis			gangang alawayang	Harvey and the state of the sta				
		and sales expenses								
	С	Gain or (loss)			Space 11. A. M. Marker & M.					
	d	Net gain or (loss) .		.	waktaza watawani	Transfer Land James Company Company	China se freeze de la companya de la	~48.544'55'59010-5)4858.5£5538.38[1154/4]; . 5		
e.	8a	Gross income from fu	indraising	. '		And de Angletin				
VE		events (not including \$	128,176.			ումիրորությունը այնականին կինարույլ ի				
Re	•	of contributions reporte	ed on line 1c).		######################################					
Other Revenue	_	See Part IV, line 18	· a							
ŏ	b	Less: direct expenses Net income or (loss) f								
	c 9a	Gross income from ga		events . P	######################################					
		See Part IV, line 19	а							
	b	Less direct expenses	s b							
	С	Net income or (loss) f		vities ▶			7.00 (1.00 (
	10a	Gross sales of in returns and allowance								
	h	Less: cost of goods s								
	b	Net income or (loss) f			A STATE OF S	Andrew passer with state life.	A STATE OF THE PARTY OF THE PAR	- verte and the many water that the		
		Miscellaneous R		Business Code		37393444346		Haddista Control		
	11a									
	b									
	C	All other revenue								
	d e	All other revenue . Total. Add lines 11a-	11d							
	12	Total revenue. See in			208,550.	-732.	0.	0.		

Part X Statement of Functional Expenses

Section	501(c))(3) and 501(c)	(4) organizations must	complete all columns	All other organizations	must complete column (A)

· .	Check if Schedule O contains a respon	se or note to any lu	ne in this Part IX .		<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) . Total expenses	(B) Program service expenses	· (C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22		<u>-</u>		
3	Grants and other assistance to foreign	-	,		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	•			
4	Benefits paid to or for members		,		
5	Compensation of current officers, directors,				
	trustees, and key employees				• • • • • • • • • • • • • • • • • • • •
6	Compensation not included above, to disqualified				•
	persons (as defined under section 4958(f)(1)) and			-	•
_	persons described in section 4958(c)(3)(B) .		06.070		
7 8	Other salaries and wages	96,637.	86,973.	9,664.	. 0.
0	section 401(k) and 403(b) employer contributions)				
۵	Other employee benefits				
9 · 10	Payroll taxes . *	7,715.	6,944.	. 771.	0.
11	Fees for services (non-employees).	7,713.	0,511.	,,	
·· a	Management		•		
. p	Legal	_	-		
, C	Accounting		-		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
¹ f	Investment management fees		*		
g	Other (If line 11g amount exceeds 10% of line 25, column				• •
	(A) amount, list line 11g expenses on Schedule O.)			`	
12	Advertising and promotion				*
13	Office expenses				<u> </u>
14	Information technology				
15	Royalties				
: 16 -17	Occupancy				
.17 18	Payments of travel or entertainment expenses	· · · · · · · · · · · · · · · · · · ·			
	for any federal, state, or local public officials			•	
19	Conferences, conventions, and meetings	•			•
20	Interest		•		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	,	• .	+	
23	Insurance	•		,	•
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25. column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Direct assistance	13,952.	13,952.	.0.	0.
b	Office administration	3,479.	3,131. 5 501	348. 611.	• 0.
C C	Insurance	6,112. 28,575.	5,501. · 25,717.	2,858.	0.
d	Marketing All other expenses ,	32,764.	. 25,717.	2,838.	32,764.
, е ,25	Total functional expenses. Add lines 1 through 24e	189,234.	142,218.	14,252.	32,764.
26	Joint costs. Complete this line only if the	100,204.	112,210.	11,202.	. 32,701.
1	organization reported in column (B) joint costs	· ·	· .		,
	from a combined educational campaign and fundraising solicitation. Check here		'		•
	following SOP 98-2 (ASC 958-720)				

Form 990 (2018) ~~.
Part X. Balance Sheet

,	Check if Schedule O contains a response or note to any line in this Part X										
•			(A) Beginning of year	•	(B) End of year						
•	1	Cash—non-interest-bearing	30,785.	1	18,771.						
	' 2	Savings and temporary cash investments	296,553.	2	328,335.						
	3	Pledges and grants receivable, net		.3	•						
	4	Accounts receivable, net		4	* *						
		Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	manufacturing the conjugate of the conju						
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L									
Assets	7	Notes and loans receivable, net		7							
As	8	Inventories for sale or use		`8							
	9	Prepaid expenses and deferred charges		9							
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D									
٠	b	Less: accumulated depreciation 10b	, ,	10c	•						
	11	Investments—publicly traded securities	٠ ٠	11	,						
	12	Investments—other securities. See Part IV, line 11		12							
	13	Investments—program-related. See Part IV, line 11		13							
	14	Intangible assets		14							
	15	Other assets. See Part IV, line 11		15							
	16	Total assets. Add lines 1 through 15 (must equal line 34)	327,338.	16	347,106.						
	17	Accounts payable and accrued expenses		17							
, .	18	Grants payable *	•	18	·						
	์ 19	Deferred revenue	· · ·	19_							
	20	Tax-exempt bond liabilities	•	20	· -						
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	THE REAL PROPERTY OF THE STREET OF THE STREE	21							
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		.22							
Ë	23	Secured mortgages and notes payable to unrelated third parties		23							
	24	Unsecured notes and loans payable to unrelated third parties		24							
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25							
	26	Total liabilities. Add lines 17 through 25		26							
Net Assets or Fund Balances	ı	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🖾 and complete lines 27 through 29, and lines 33 and 34.									
a	27.	- Unrestricted net assets	327,338.	27	347,106						
Bal	28	Temporarily restricted net assets		28							
ַק	29	Permanently restricted net assets		29	•						
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and									
ច	1	complete lines 30 through 34.									
its	30	Capital stock or trust principal, or current funds		30							
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	,						
t A	32	Retained earnings, endowment, accumulated income, or other funds.		32							
Ne	33	Total net assets or fund balances	327,338.	33	347,106.						
	34	Total liabilities and net assets/fund balances	327,338.	34	347,106.						

Part	XI Reconciliation of Net Assets	-			_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	08,5	<u>50.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	89,2	<u>34.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		19,3	16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	27,3	<u>38.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			·
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3	46,6	54.
Part	XII. Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	• •			
			L269-074.	Yes Kerbara a b	No Section (**)
1	Accounting method used to prepare the Form 990 Cash Accrual Other		_ 激發		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	in Kara		
_	Schedule O.		. 2a		uelt ×
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		12(de 161-7)	\$555. t \$ €	ANIOH
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piloa	Or (Marie	Chipsonium, In	
	reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
L	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		. 2b	X	
b	If "Yes," check a box below to indicate whether the financial statements for the year were audit	 .d on	0 -4854 04	W.C.S.	W P
	separate basis, consolidated basis, or both.	eu on			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	zersia	ht	arial state of the	الذة التسنشن
C	of the audit, review, or compilation of its financial statements and selection of an independent account	intant	? 2c	×	
	If the organization changed either its oversight process or selection process during the tax year.		45 17 14	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	Schedule O	• •			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		
	the Single Audit Act and OMB Circular A-133?		. 3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo th			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Ear.	~ മമവ	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.rs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 63-1202860 Christian Women's Job Corps of Madison County, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: X An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving э the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (III) Type of organization (iv) is the organization listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	 		1		1	
Caler	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not					1	
	include any "unusuał grants.")						
2	Tax revenues levied for the						-
_	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities	ı					
	furnished by a governmental unit to the				,		
	organization without charge						
4	Total. Add lines 1 through 3	李泽尔人会。特尔巴斯克会会	22 /00000000000000000000000000000000000		Secretaria de	MASTYR TERROR	
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	ALL SECTION OF THE SE	SERVE CONTRACT	28310161638			
Secti	on B. Total Support					1	
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
•		 -					
	Net income from unrelated business activities, whether or not the business						
	is regularly carried on					'	
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	京が記録が対	WARFE CO.		MAN STATE	S. Address	
12	Gross receipts from related activities, etc	:. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the	-					
	organization, check this box and stop he				<u> </u>	<u> </u>	
	on C. Computation of Public Suppo Public support percentage for 2018 (line			11 column (fl)		14	%
14 15						15	
16a							
	box and stop here . The organization qua						
b	331/3% support test-2017. If the organ	ization did not	check a box o	on line 13 or 16	Sa, and line 15	ıs 331/3% or m	ore, check
	this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test-2						
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in						
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						.
	organization						▶ 🗓
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization is supported organization				-	•	a publicly
18	Private foundation. If the organization d						_
	instructions						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support								
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees						-		
	received. (Do not include any "unusual grants.")	175,834.	147,528.	218,444.	204,229.	209,282.	955,317.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities								
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the								
_	organization without charge	175		010 111					
6	Total. Add lines 1 through 5	175,834.	147,528.	218,444.	204,229.	209,282.	955,317.		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .								
_	· · ·					-			
b	Amounts included on lines 2 and 3 received from other than disqualified					•			
	persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from	There was		KI KANDABA		THE PROPERTY OF			
	line 6.)						955,317.		
	on B. Total Support			4 1 2 2 4 2	1 11 22 2				
-	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
9 10a	Amounts from line 6	175,834.	147,528.	218,444.	204,229.	209,282.	955,317.		
IUa	payments received on securities loans, rents,								
	royalties, and income from similar sources .		2,615.	302.	6,945.	3,361.	13,223.		
b	Unrelated business taxable income (less			335	0,0101	3,002.			
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
С	Add lines 10a and 10b		2,615.	302.	6,945.	3,361.	13,223.		
11	Net income from unrelated business								
	activities not included in line 10b, whether								
40	or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11,		-						
	and 12.)	175,834.	150,143.	218,746.	211,174.	212,643.	968,540.		
14	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)		
organization, check this box and stop here									
Section C. Computation of Public Support Percentage									
15	Public support percentage for 2018 (line 8	• • • • • • • • • • • • • • • • • • • •	-				98.63 %		
	16 Public support percentage from 2017 Schedule A, Part III, line 15								
<u> </u>	Investment income percentage for 2018 (v line 13 colu	mn (fl)	17	1.37 %		
18	Investment income percentage from 2017			-			0.46 %		
19a	33 ¹ / ₃ % support tests—2018. If the organ						6, and line		
	17 is not more than 331/3%, check this box								
Ь	331/3% support tests - 2017. If the organiz	ation did not cl	neck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and		
	line 18 is not more than 331/3%, check this l								
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by onc or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
 - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

3a 3a 3b 3b 3c 3b 3c 4a 3b 3c			Yes	No
1	na l	外燃	\$ 15 kg	ASIM 3
1				
as a decided as a	עי	380 X	M. Lac	<u>१०३६म</u> ी
2 3a 3a 3a 3a 3a 3a 3a 3	į			
2 3a 3a 3a 3a 3a 3a 3a 3	ıs	1200		
2 3a 3a 3a 3a 3a 3a 3a 3			military.	
3a		4-224	بؤيمدود	TOTAL STATE
3a 3a 3b 3c 3c 3c 3c 3c 3c 3c			. V X4.6	PYTOS TAN
3a 3a 3b 3c 3c 3c 3c 3c 3c 3c	er			
3b 3c 3c 3c 3c 3c 3c 3c				
3b 3c 3c 3c 3c 3c 3c 3c	hd	5. 3. 6.8	S. 143.2	**************************************
3b 3c 3c 3c 3c 3c 3c 3c		XX 15		XXX
B) 3c	10		1.678.8	aton
16				
16	B)	94.00		
Ada				
4a 4b 4b 4c	If			
de d	"			e e e
4b Ac			distant, water	Sacraco AN
4b Ac	jn			
4b Ac	n			建
Acc			An.M.M.	
4c N N N N N N S S S S S S S S S S S S S			freelighte	CRESS
4c N N N N N N S S S S S S S S S S S S S		66	286	
4c N N N N N N S S S S S S S S S S S S S				
4c N N N N N N S S S S S S S S S S S S S	B)			
5a 5b 5c to 6c cor 6 77 8 re ed 9a ch 9b fit 9c 10a to 10a		4c		l
5a 5b 5c to 6c cor 6 77 8 re ed 9a ch 9b fit 9c 10a to 10a	,,,	555		MESIS
5a 5b 5c to 6c cor 6 77 8 re ed 9a ch 9b fit 9c 10a to 10a				17.114
5a 5b 5c to 6c cor 6 77 8 re ed 9a ch 9b fit 9c 10a to 10a				144
5a 5b 5c to 6c cor 6 77 8 re ed 9a ch 9b fit 9c 10a to 10a	n;			
5a 5b 5c to 6c cor 6 77 8 re ed 9a ch 9b fit 9c 10a to 10a	n		45.50 × 430	The state of the s
5b 5c to or of ty 7 7 8 re ed 9a ch 9b fit 9c 10a to or		5a		
5b 5c to or of ty 7 7 8 re ed 9a ch 9b fit 9c 10a to or	vŁ	VAN (1)	13.00	8,55MM
5c coto coto coto coto coto coto coto co	-,			-88.JEM
to ded or				
or ty 7 7 8 re ed 9a ch 9b fit 9c 10a to		5C	1 10 30 40	1.5 et 2004
or ty 7 7 8 re ed 9a ch 9b fit 9c 10a to	to	经票		
or ty 7 7 8 re ed 9a ch 9b fit 9c 10a to	ed	1000		
or ty 7 7 8 re ed 9a ch 9b fit 9c 10a to	or	and doction		annann rin
or ty 7 8 8 re ed 9a ch 9b fit 9c 10a to		<u> </u>		
8 9a 9b fit 9c 10a		54 597	^ 8 ₄ 42.24	585 gwydf 1
8 9a 9b fit 9c 10a			17.72	
8 9a 9b fit 9c 10a	ty	2 1 5 V		THE STATE
8 9a 9b fit 9c 10a		1		
9a 9b fit 9c 10a 10a	7?	23752	:40.00	.Sode
ge de			المكافلة المتا	are and the
9a 9b 9b 9c on ed. 10a to			¥%±1 হছ⊄	ACC LEADS
9a 9b 9b 9c on ed. 10a to	re		773(7)	
9a 9b 9b 9c on ed. 10a to	ed		Y. E.	
on and to		9a		
9b 9c 9c 10a	ch	1. E. 1.	#####	3210
gen			للتككشية	angarich
9c	£.1		DAGE VARIA	ndredetjud
on ed. 10a	11[
10a to		9c		
10a to	on		NAME:	1930
10a to				
to 22 33			er eriii	
1 1 1				5,811(00,000,000)
10b	10			
		10b		

Part	V Supporting Organizations (continued)			
lait	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	がおり	多	Nata M
''a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		BEST
ь	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	1		l
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		4520	150
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	300		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			. 3
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
		.हस् इ.स.च्या	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed	3.4		
	the supported organization(s).	224.53		2532
	on D. All Type III Supporting Organizations	1 1		L
Secu	on b. All Type in Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1600	200 2007	<u>.53981</u>
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	345045138	الشا الفلسندن
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	FEE 2	a th	第三十
	organization(s) or (II) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s)
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.	.	_44	
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:		
2	Activities Test. Answer (a) and (b) below.	(CO) 100°	Yes	No 50 제년
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			淡糕
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	ASSESSED.	1999533973
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1213		"AN
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		點談	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	اللخاف الساده	
3	Parent of Supported Organizations. Answer (a) and (b) below.	1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	t	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			经 编
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018		_	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (explai	n ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nızat	ions must complete Sectio	
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	8		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	0		(B) Current Year
Section B—Minimum Asset Amount		(A) Prior Year	(optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		19 a. 2 (\$5.2)	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	L	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		:
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	学员员 医乳管管 网络克克斯	
5 Income tax imposed in prior year	5	经验证证证据1定的证据	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional		tegrated Type III supporting	n organization (see
instructions).	ייי אי	tegrated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	Type III Non-Functionally integrated 509(a)(3	s) Supporting Organi	izations (continued)				
Sect	Section D—Distributions						
1	Amounts paid to supported organizations to accomplish e	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.		-				
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	_			
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2018			海海海湾河沿岸			
а	From 2013			HEREN CARRES			
b	From 2014 .						
С	Γrom 2015	可一位世界的 教制		[] "可以是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个			
d	From 2016	The state of the s	cation and tradicional monitoring an administration of silente.	ที่การที่เกิดสังเกิดเก็บที่เปลี่ยนเหมือนใหญ่ เพื่อสังเก็บ เรียบกับกับกับกับกับกับกับกับกับกับกับกับกับ			
е	From 2017						
f	Total of lines 3a through e	20,000					
g	Applied to underdistributions of prior years	Treatment of the second	ti vinnessante, senie arromaninas si el Pra Billia a debiso. Arbina si aprine socia				
h	Applied to 2018 distributable amount			CONTROL OF STREET, AND STREET,			
<u>i</u>	Carryover from 2013 not applied (see instructions)		Entertain Control of the Control of	A CONTRACTOR OF A CONTRACTOR OF CONTRACTOR O			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	No. de Sonto Controllero de sente Bronde Site de Brond					
4	Distributions for 2018 from Section D, line 7 \$	A STATE OF THE STA					
а	Applied to underdistributions of prior years			M. A. C. Harris H. J.			
b	Applied to 2018 distributable amount			Man and the state of the state			
С	Remainder. Subtract lines 4a and 4b from 4.	Solder College College, Sun dear Salaring administrative Management of					
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j and 4c.	i i u haza _{in} zemente i u lite VP Anta litelerike ketemaken Sebialitik behaji					
8	Breakdown of line 7.			Market Care Control			
а	Excess from 2014 .	MANAGERIA DE LA COMPANION DE L	on addition in the property of the contract of				
b	Excess from 2015		The second second				
C	Fxcess from 2016						
d	Excess from 2017		nated an investment of the state of the stat	ATTACA NA GARAGA NA SANSANA NA SA			
	Excess from 2018						

Page	8

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	•
201	
,	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

OMB No 1545-0047

Open to Public Stanford

Name o	f the organization		Employer identification number
Chr	stian Women's Job Corps of Madison		63-1202860
Par			is or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	fit of the donor or donor advisor, or fo	r any other purpose
Par	Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		
	Protection of natural habitat	☐ Preservation of	a certified historic structure
_	Preservation of open space	-1-1	out the forms of a concentration
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	Held at the End of the Tax Year
	easement on the last day of the tax year.		
а			
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in historic structure listed in the National Register	(c) acquired after 7725706, and not c	
3	Number of conservation easements modified, trantax year ▶		
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re		ection, handling of
-	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ecting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecti ►\$	ng, handling of violations, and enforcing c	onservation casements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports balance cheet, and include, if applicable, the text organization's accounting for conservation easem	of the footnote to the organization's fina	
Par	Organizations Maintaining Collection Complete if the organization answered		Other Similar Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the	FAS 116 (ASC 958), not to report in its rassets held for public exhibition, edu	ucation, or research in furtherance of
b	If the organization elected, as permitted under 5 works of art, historical treasures, or other simila public service, provide the following amounts relative to the service of the service	r assets held for public exhibition, eduting to these items	ucation, or research in furtherance o
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of an following amounts required to be reported under \$	t, historical treasures, or other similar SFAS 116 (ASC 958) relating to these ite	assets for financial gain, provide the ems.
а	Revenue included on Form 990, Part VIII, line 1		> \$

REV 11/12/18 PRO

b Assets included in Form 990, Part X

Page	2

Par								
3	Using the organization's acquisition, acce collection items (check all that apply).	ssion, and ot	her reco	rds, chec	k any of the	follov	ving that are a	significant use of its
а	☐ Public exhibition		d		or exchange			
b	Scholarly research		е	Other				
C	☐ Preservation for future generations							
4	Provide a description of the organization's XIII.	s collections a	and expla	ain how t	hey further th	ne org	janization's exe	empt purpose in Part
5	During the year, did the organization solid							
	assets to be sold to raise funds rather than	n to be mainta	uned as p	part of the	e organizatioi	n's co	llection? .	Yes 🗌 No
Pari								
	Complete if the organization and 990, Part X, line 21.							
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?							not Yes No
b	If "Yes," explain the arrangement in Part X	III and comple	ete the fo	llowing ta	able:		<u>.</u>	
								Amount
C	Beginning balance					10	:	
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f	l	
2a	Did the organization include an amount on							
b	If "Yes," explain the arrangement in Part X	III. Check her	e if the ex	kplanatio	n has been p	rovide	ed on Part XIII	<u> </u>
Par								
	Complete if the organization ans			·-···				
	(a)	Current year	(b) Pro	or year	(c) Two years	back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance			·				
2	Provide the estimated percentage of the co			e (line 1g	, column (a))	held a	as	
а	Board designated or quasi-endowment ▶		_%					
b	Permanent endowment ▶ %	6						
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sl	hould equal 1	00%					
3a	Are there endowment funds not in the pos	ssession of th	ne organi	zation tha	at are held ar	nd ad	ministered for t	the
	organization by							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organi		•					. 3b
4	Describe in Part XIII the intended uses of t	he organizatio	on's endo	wment fo	unds.			
Par								
	Complete if the organization ans	wered "Yes	" on For	m 990, F	Part IV, line	11a.	See Form 990), Part X, line 10.
	Description of property	(a) Cost or ot (investm		1 ' '	or other basis ther)	, ,	Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
e	Other							
	Add lines 1a through 1e (Column (d) must	ogual Form 0	On Part	/ column	(P) Ino 10c	1		

Part VII	Investments - Other Securities.				
	Complete if the organization answ	ered "Yes" on Fo		ne 11b. See Form	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		Ihod of valuation d-of-year market value
(1) Financial	derivatives				,
(2) Closely-h	neld equity interests				· · · · · · · · · · · · · · · · · · ·
(3) Other					
(A)					
(B)					
(C)					
(D)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
(E)					
(F)					
(G)					
(H)				Technological Temperatus Silver	ander until best artiseses with a training to the
	o) must equal Form 990, Part X, col (B) line 12) ▶		<u> </u>	Assistant Control of the Control of	APACEMAN NEW TOOLS AND
Part VIII	Investments—Program Related.		rm 000 Dort IV lir	on 11a Con Form	000 Part V lina 13
P 14 PPOPERPPREPRIENTS	Complete if the organization answ	eled tes offroi	(b) Book value	T	thod of valuation
	(a) Description of investment		(b) Book value		i-of-year market value
(4)					
(1) (2)	The state of the s				
(3)					***************************************
(4)			L La		25+55 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
(5)					
(6)					
(7)					
(8)	•				
(9)					A SECULAR DESCRIPTION OF THE PROPERTY OF THE P
Total. (Column (o) must equal Form 990 Part X, col (B) line 13) ▶				
Part IX	Other Assets.				
	Complete if the organization answ		rm 990, Part IV, lir	ne 11d. See Forn	
	(a)	Description			(b) Book value
_ (1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)	3 300		•		1
(9) Total (Colum	mn (b) must equal Form 990, Part X, col	(B) line 15.)		. , >	
Part X	Other Liabilities.	12/		•	J
	Complete if the organization answ	ered "Yes" on Fo	rm 990. Part IV. lir	ne 11e or 11f. Se	e Form 990, Part X,
	line 25.				, ,
1.	(a) Description of liability	(b) Book value	430/22/23/28/34		
(1) Foderal in	come taxes			พ.พ.พ.พ.พ.พ.พ. ร. 77 ใน เกลิโก พ.พ.พ.พ.พ.พ.พ.พ.พ	
(Ž)	'				
(3)		An posterior derivative and a second			
(4)					
(5)					
(6)					
(7)					
(8)		•			
(9)					
	o) must equal Form 990, Part X, col (B) line 25) 🕨				
2. Liability for	uncertain tax positions. In Part XIII, provid	e the text of the footn	ote to the organization	n's financial statem	ents that reports the
organization's	s liability for uncertain tax positions under F	FIN 48 (ASC 740). Che	eck here if the text of	the footnote has bee	en provided in Part XIII

Schedule D (Form 990) 2018

BAA

Part			rictarii.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements		53.20.5.20	212,643.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3 ~5862	212,643.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
þ	Other (Describe in Part XIII.)		Carbonia.	
_C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			212,643.
Part			er Keturn) .
	Complete if the organization answered "Yes" on Form 990,		1	100 224
1	,		1 2011 120	189,234.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	00		
а	Donated services and use of facilities			
b	Prior year adjustments			
C.	Other losses			
d	Other (Describe in Part XIII.)		2e	
e	Add lines 2a through 2d		3	189,234.
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·		109,234.
		4a		
4	Investment expenses not included on Form BOD Part VIII line /h		0.4500000	
а	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)			
a b	Other (Describe in Part XIII.)	4b	40	
a b c	Other (Describe in Part XIII.)	4b	4c 5	189,234.
a b c 5	Other (Describe in Part XIII.)	4b	4c 5	189,234.
a b c 5 Part	Other (Describe in Part XIII.)	4b	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line
a b c 5 Part	Other (Describe in Part XIII.)	ne 18) nd 4; Part IV, lines 1b and 2 to provide any additional	5 b, Part V, li	ne 4, Part X, line

REV 11/12/18 PRO

Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
	·	
	,	
	·	
	·	
		·

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

► Attact

► Go to www.irs.g

► Attach to Form 990 or 990-EZ.

► Go to www.urs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer identification number
Christian Women's Job Corps of Madison County, Inc.	63-1202860
Pt VI, Line 11b: The return is reviewed by the board prior to sub	mission
Pt VI, Line 15a: Salaries reviewed annually	
Pt VI, Line 15b: Salaries revoewed annually	
Pt IX, Line 24e:	
Description: Circles fund raising	
Total: \$32,764	
Program services: \$0	
Management and general: \$0	
Fundraising: \$32,764	
<u> </u>	
u. p ,	