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Form 990-EZ (2015) **JANNIE R. JACKSON WOMEN'S CENTER****27-0548279** Page 2**Part II Balance Sheet** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II. ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	8,744.22	9,131.
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	8,744.22	9,131.
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	8,744.22	9,131.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III. ☐What is the organization's primary exempt purpose? Personalized recovery services and shelter

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others)

28 The RUTH House is a temporary shelter for runaway and homeless, pregnant and teen parents, ages 16 to 19. Providing teens with safe and secure shelter to eliminate at-risk behavior, infant deaths.	28a	41,095.
(Grants \$) If this amount includes foreign grants, check here ☐		
29 Girls Academy: An educational enrichment program to provide girls, ages 6 - 18 with an academic excellence plan through technological means.	29a	427.
(Grants \$) If this amount includes foreign grants, check here ☐		
30	30a	
(Grants \$) If this amount includes foreign grants, check here ☐		
31 Other program services (describe in Schedule O)	31a	
(Grants \$) If this amount includes foreign grants, check here ☐		
32 Total program service expenses (add lines 28a through 31a)	32	41,522.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Willie M Jackson President	20.00			
Althea Gadson Vice President	05.00			
Kaisha Montgomery Secretary	05.00			
Cassandra Ward Treasurer	05.00			
Sallie Cuff Member	05.00			
Carlotta Porterfield Member	05.00			
Robert Wilson Member	05.00			
Kiosha Dickey Member	05.00			
Darrell Jackson, Jr. Ex-Officio Member	05.00			

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