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# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its Instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning 2016, and ending 20 D Employer identification number Check if applicable: C Name of organization Women and Youth Services of Selma, AL, Incorporated Address change Doing business as Women and Youth Services of Selma, AL, Incorporated 46-1246041 Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change Initial return 15 Beli Road 334-231-0180 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return Selma, AL 36701 G Gross receipts \$ 24,284. F Name and address of principal officer: H(a) is this a group return for subordinates? Yes Vos Application pending Verdell Lett-Dawson-Chairman 1905 Tippett Dr., Selma, AL. 36701 H(b) Are all subordinates included? 🔲 Yes 🔲 No ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list. (see instructions) 501(c)(3) Tax-exempt status: 501(c) ( Website: ▶ H(c) Group exemption number ▶ Form of organization: Corporation Trust Association ☐ Other ▶ L Year of formation: M State of legal domicale: Part I Briefly describe the organization's mission or most significant activities: To purchase, manage and perpetuate property which enables services that prevent community deterioration through youth and women activities focusing on self-awareness, cultural Activities & Governance heritage, personal responsibility and community responsibility. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). 3 Number of independent voting members of the governing body (Part VI, line 1b) SCANNED NOV 27 0 5 Total number of individuals employed in calendar year 2016 (Part V. line 2a) 5 0 Total number of volunteers (estimate if necessary) . . . . . . 6 88 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Current Year Contributions and grants (Part VIII, line 1h) . 27,509 24,149 Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 135 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 33,874 24,284 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 14 Benefits paid to or for members (Part IX, column (A), lipe 4) 15 Salaries, other compensation, employee benefits (Part X, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, coturn) (A) line 112 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (Allines 11a-170) 11f-246) 17 30,231 21,315 Total expenses. Add lines 13-17 must equal Part IX, column (A), line 25) 18 30,231 21,315 Revenue less expenses. Subtract line 18 from line 12 19 3,643 2,969 End of Year Bealphing of Current Year 20 Total assets (Part X, line 16) 174,948 159.911 21 Total liabilities (Part X, line 26) . 65,896 62,850 Net assets or fund balances. Subtract line 21 from line 20 109,052 97.061 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge,

endell Sign Signature of officer Here hde 11 11- 4- 2017 Type or print name and title Print/Type preparer's name Date Preparer's signature Check I rf self-employed Paid Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2016)

Form 990			-		Page 2
Part I	State	ement of Program Service A			-
		cribe the organization's mission	sponse or note to any line in this P	'art III	· · · · 🗸
		_	n: rty which enable services that prevent	community deterioration through	youth and women
			ral heritage, personal responsibility an		
			icant program services during the ye		
3	Did the or		Schedule O. , or make significant changes in I		☐Yes ☑No
	If "Yes," de	escribe these changes on Sche	edule O.		
	expenses.	Section 501(c)(3) and 501(c)(4	vice accomplishments for each of its organizations are required to report or each program service reported.		
			21,315 including grants of \$		
			y deterioration through youth and wom unity responsibility.		
		•			
		·			~
- <b>4</b> b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
		***************************************		***************************************	
					***************************************
				^**************************************	

) (Revenue \$

21,315.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$
 4e Total program service expenses ►

Part IV Checklist of Required Schedule	S
----------------------------------------	---

			Tes	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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	1
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	_	<b>▼</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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		<b>√</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<b> </b>		-
	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	!	1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b>-</b>		_
	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		1
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			✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		•
	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, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
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		✓
c	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		<b>▼</b>
đ	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			
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		<b>✓</b>
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		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		✓
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<b>√</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14 a b		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.			,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u>✓</u>
	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		<u> </u>
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		<b>√</b>
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			<u>·</u>
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19	990	<b>∀</b>
		rom	ココフ	(201b)

Porm 99	0 (2016)		1	Page 4
Part	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No 🗸
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	-	<b>V</b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>√</u>
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		1
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		1
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<del> </del>	7
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>√</b>
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	OEL		1
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	25b		<b>*</b>
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	26		<b>▼</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		1
31	conservation contributions? If "Yes," complete Schedule M	30	_	1
32	Part I	31		1
33	complete Schedule N, Part II	32	_	1
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	1
35a	or IV, and Part V, line 1	34 35a		1
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		1
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		1
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,			

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.

Part	V Statements Regarding Other IRS Filings and Tax Compliance		·	ago o
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			<b>!</b>
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>
<b>2a</b>	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	ļ	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			,
38	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>-</b>
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	ļ	<del> </del>
<b>4a</b>	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			ĺ
	account)?	4		1
b	If "Yes," enter the name of the foreign country: ▶	4a		<b> </b>
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	]		Ì
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<del>-</del>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		7
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<del>  `                                   </del>
	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		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1		
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		L
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>/</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>/</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	<u> </u>
8 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	ļ	<u> </u>
0				İ
9	sponsoring organization have excess business holdings at any time during the year?	8		<del> </del>
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:	35		
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	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders	ļ :		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L	الليا	L
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		[	
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	<b> </b>		L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	}	I

Part							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S						
Casti	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>	. 🗸			
Secu	on A. Governing Body and Management		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year ! 1a		163	NO			
14	If there are material differences in voting rights among members of the governing body, or	1	ł				
	if the governing body delegated broad authority to an executive committee or similar	] 1					
	committee, explain in Schedule O.	ļ '					
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	'		1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	1	1			
	any other officer, director, trustee, or key employee?	2		[			
3	Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>			
6	Did the organization have members or stockholders?	_6_	1	<u> </u>			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_	١.				
	one or more members of the governing body?	7a	<b>/</b>	┞——			
b	stockholders, or persons other than the governing body?		l				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		<b>├</b> ~			
•	the year by the following:		1	1			
а	The governing body?	8a	1				
b	Each committee with authority to act on behalf of the governing body?	8b	1	<del> </del>			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		<u> </u>	<del>                                     </del>			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	l	1			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	)			
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		1			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			1			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	<u> </u>			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	امما		1			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	1	<del> </del>			
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	126	<del>                                     </del>				
С	describe in Schedule O how this was done	12c	1	l			
13	Did the organization have a written whistleblower policy?	13	<del>                                     </del>	1			
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	1			
15	Did the process for determining compensation of the following persons include a review and approval by			<del>                                     </del>			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	]					
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	1			
b	Other officers or key employees of the organization	15b		1			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	[	1				
	with a taxable entity during the year?	16a	<u> </u>	<b>✓</b>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1	}			
	organization's exempt status with respect to such arrangements?	405		,			
Sacti	on C. Disclosure	16b	Ь—				
17	List the states with which a copy of this Form 990 is required to be filed ▶ Alabama						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 5010	c)(3)s	only)			
	available for public inspection. Indicate how you made these available. Check all that apply.						
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, 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's books and re	cords	:▶				
	Mrs. Man. Ann Flavores, has and Dood Coming Contag 515 Bolt Dd. Colma. 81, 20704, 224, 224, 0100						

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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee,"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if heither the organization	lon nor any relates	u oig	<u>ui 112</u> .	((		omper	130	lied any curren	director	, or austee.
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average					than o Is both		Reportable	Reportable	Estimated
	hours per week (list any	office				or/truste	ee)	compensation	compensation from related	
	hours for	유	ing.	Officer	<u>&amp;</u>	e H	Former	from the	organizations	other compensation
	related organizations		ŝ	cer	9	ploy	Пer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	below dotted	Q E	ona		Key employee	8 8		(W-271099-MISC)		organization and related
	line)	Individual trustee or director	Institutional trustee		8	ng l		1		organizations
	}	•	tee			Highest compensated employee		1		
		_			<u> </u>		_	<del>                                     </del>		
(1) Verdell Lett Dawson	1.0									
Chairman		1	Ш	✓	<u> </u>			0	0	0
(2) Rosalyn Bassett	1.0							<b>[</b>		
First Vice President		/	Ш	✓	L			0	0	0
(3) Karen Brown	1.0	١,			l			l		
Second Vice President		/		✓	L.	<b>  </b>		0	0	0
(4) Mary Ann Flowers	1.0							Ì		
Secretary		/	$\vdash$	✓	<u> </u>			0	0	0
(5) Willietta Conner	1.0									
Treasurer-Budget Officier		1	$\vdash$	✓	<u> </u>			0	0	0
(6) Annie Montgomery-Williams	1.0	1						_		_
Financial Secretary		-	-	✓	-			0	0	0
(7) Patricia K. Robinson	1.0	1		1	l	1 1		] _		_
Member-At-Large	<del></del>	-	$\vdash$	<b>V</b>	├—		_	0	0	0
(8) Elizabeth Rutledge	1.0	1	1					0	0	o
(9) Tyise Arrington	1.0									<del></del>
		1				1 1		0	0	0
(10) Melinda Page	1.0				$\vdash$					
3.L.[23]		1							o	l
(11) L. Dale Bryant	1.0									
		1	1		ì	1 1		Ìo	O	o
(12)										
(13)		<del>                                     </del>	$\vdash$		-	$\vdash$	_	<del>                                     </del>		
				L		L				
(14)		]								
		L.			<u> </u>	L_1		<u> </u>		

Part	(A) Name and title	(B)  Average hours per week (list any hours for related organizations	(do n	ot ch	Pos neck is pe	tion more	than c is both or/trust	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-M	(F)  Die Estimated amount of other compensation from the organization		า	
		below dotted line)	trustee	al trustee		оуее	Highest compensated employee						related nization	
(15)														<del></del>
(16)														
(17)										· · · · · · · · · · · · · · · · · · ·				
(18)				-		-		-			+			
(19)					-	-		-					<del></del>	
(20)	·							_						
(21)				-	-	_		-			-			<del></del>
(22)					_	_		_			_		···	
					_						_			
(23)	······································		ļ		L									
(24)														
(25)														
1b	Sub-total			•			•	<b>&gt;</b>	0		0			0
c d	Total (add lines 1b and 1c)	-		•		· ·	•		0	<u> </u>	0	<del></del> -		0
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	ho received m	ore than \$10	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est comper	nsated	3	Yes	No /
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble	con	npei	nsatio					4		1
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind		5		1
Section	on B. Independent Contractors										_		<u> </u>	<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	iress							(B) Description of s	ervices	C	(C) ompens		
								-						
				_										
2	Total number of independent contractor received more than \$100,000 of compens							) th	ose listed abo	ove) who				

Part	VIII	Statement of Revenue	·	anuitan in Abia l	D-+ 1/11		_
	·	Check if Schedule O contains a	response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
福田	1a	Federated campaigns 1	la			<del>                                     </del>	
	b	· · · · · · · · · · · · · · · · · · ·	lb 11,625	ŀ			
S, G	С	Fundraising events	lc 4,251				
ar a	d	<u> </u>	ld				
Contributions, Gifts, Grants and Other Similar Amounts	е		10			1	}
ar S	f	All other contributions, gifts, grants,	{	j			}
주	ļ		1f 8,273			ļ	
E P	g	Noncash contributions included in lines 1a-1f				ĺ	
	h	Total. Add lines 1a-1f		24,149		ļ	<del> </del>
Program Service Revenue			Business Code			ł	1
eve	28				<del></del>	<u> </u>	<del> </del>
<b>4</b> 5	b				<del></del>	<del> </del>	<del> </del>
Ž	d				<del></del>		<del> </del>
Š	e		1 1	<del></del>			<del> </del>
Ē	1	All other program service revenue					<del></del>
õ	g	Total. Add lines 2a-2f		<del></del>	<del></del>	l	<del></del>
	3	Investment income (including di					T
	1	and other similar amounts)					
	4	Income from investment of tax-exemp	ot bond proceeds ▶				1
	5	Royalties	-		· · · · · · · · · · · · · · · · · · ·		
	<b>\</b>	(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)				1	
	d	Net rental income or (loss)	<u> ▶</u>				
	7a	Gross amount from sales of (i) Securities assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses .					
	C	Gain or (loss)		]		]	
	d	Net gain or (loss)	. <u></u>				
evenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
Other Rever		See Part IV, line 18	)				
5		Less: direct expenses	b 1,071			1	
_		Net income or (loss) from fundrais		135			
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less: direct expenses Net income or (loss) from gaming					
	10a	Gross sales of inventory, let returns and allowances					
	b	Less: cost of goods sold Net income or (loss) from sales of					
	-	Miscellaneous Revenue	Business Code	<del></del>		<del> </del> -	<del> </del>
	11a					1	1
	b					<del> </del>	<del> </del>
	C					Γ	<del> </del>
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions.		24,284			
							Form <b>990</b> (2016)

Part IX	Statement or	runctional expen	ses		
				<del></del>	
Saction 501	(c)(3) and 501(c)(	Al omanizatione mue	t complete all columne	All other omanizations i	nust complete column (A)
Jechon Jor		7) Ul Gel IIZe li Ul IS 11 IUS	i combiete an columns.	All Culei CiualizaliCiis i	IUSI COMBRE COMMINITAL

	Check if Schedule O contains a response or note to any line in this Part IX							
	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			3				
	and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic individuals. See Part IV, line 22							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members 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 $4958(c)(3)(B)$							
7	Other salaries and wages							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes			!				
11	Fees for services (non-employees):							
а	Management	[						
b	Legal		<del></del>					
C	Accounting		·	<u> </u>	<del></del>			
d	Lobbying			<u> </u>	<u> </u>			
8	Professional fundraising services. See Part IV, line 17			<del> </del>				
f	Investment management fees		<del></del>					
g	Other. (If line 11g amount exceeds 10% of line 25, column		<del></del>					
	(A) amount, list line 11g expenses on Schedule O.)	}		}				
12	Advertising and promotion		<del></del>	<del></del>				
13	Office expenses	5,264		<del> </del>				
14	Information technology	3,204	<del></del>	<del> </del>	<del> </del>			
15	Royalties		<del></del>	<del> </del>	<u> </u>			
16	Occupancy	<u> </u>		<del> </del>	<del> </del>			
_	Travel			<del></del>	<del></del>			
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	<u> </u>		<del> </del>				
20	Interest	3,556	<del></del>	<del> </del>	<del> </del>			
21	Payments to affiliates	3,330		<del>                                     </del>				
22	Depreciation, depletion, and amortization .	8,103	·					
23	Insurance	4,392		<del> </del>				
24	Other expenses. Itemize expenses not covered	4,332		<del>                                     </del>				
~~	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.)	]			1			
а	,			<del> </del>	<del> </del>			
b		<del> </del>		<del> </del>	<del> </del>			
			<del></del>	<del> </del>				
c d		<b></b>		<del> </del>	<del> </del>			
	All other expenses		<del></del>	<del> </del>	<del> </del>			
9 25	All other expenses  Total functional expenses. Add lines 1 through 24e	ļ	<del></del>	<del> </del>	<del> </del>			
25_	Joint costs. Complete this line only if the	21,315	<u> </u>	<del> </del>	<del> </del>			
26	organization reported in column (B) joint costs	]		1				
	from a combined educational campaign and			}	}			
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)							
	Tollowing GOT 30-2 (Paid 300-120)	<u>.                                    </u>	<del></del> _		Form <b>990</b> (2016)			
					(2016) <b>(2016)</b>			

Pa	art X						
<del></del>		Check if Schedule O contains a response or	note to any	line in this Part	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	<del></del>		6,934	1	9,886
ļ	2	Savings and temporary cash investments			0		
ı	3	Pledges and grants receivable, net				3	<del>-</del>
- 1	4	Accounts receivable, net			<del></del>	4	
g	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L				5	
	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				6	
Assets	7	Notes and loans receivable, net		[		7	
Ą	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	10a	189,000			
	b	Less: accumulated depreciation	10b	29,089	168,014	10c	159,911
	11	Investments—publicly traded securities				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	
İ	15	Other assets. See Part IV, line 11		[		15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34).	<u> </u>	179,948	16	159,911
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue			···	19	
	20	Tax-exempt bond liabilities			<del> </del>	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .			······································	21	
98	22	Loans and other payables to current and former officers, directors,				]	
Liabilities		trustees, key employees, highest compen disqualified persons. Complete Part II of Schedu				22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties			65,896	23	62,850
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D	s 17-24). Con	nplete Part X		25	
	26	Total liabilities. Add lines 17 through 25			65,896	26	62,850
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 an	), check here	e ► □ and			
	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets		<del> </del>	<del></del>	28	<del></del>
	29	Permanently restricted net assets		<b>)</b>		29	· · · · · · · · · · · · · · · · · · ·
		Organizations that do not follow SFAS 117 (ASC 9) complete lines 30 through 34.	58), check her	re▶ 🔲 and			
	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund			<del></del>	31	
Net Ass	32	Retained earnings, endowment, accumulated in		<del></del>		32	_ <del></del>
	33	Total net assets or fund balances		<u> </u>	174,948	33	159,911
	34	Total liabilities and net assets/fund balances .			109,052		97,061

UIIII 55	0 (2010)			Pa	ge IZ	
Part						
	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			4,284	
2	Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1	3			1,315 2,969	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					
5	Net unrealized gains (losses) on investments	5			9,052	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Pnor period adjustments	8		-1	4,960	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<del></del>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		ç	7.061	
Part	XII Financial Statements and Reporting	·				
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ir	·			
	Schedule O.			1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r			
	reviewed on a separate basis, consolidated basis, or both:		1			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		İ			
b	Were the organization's financial statements audited by an independent accountant?		2b		1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	a			
	separate basis, consolidated basis, or both:		Į.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		į.	į į		
С		ersigh/	t			
	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, ex	plain ir	1			
	Schedule O.	-	i			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	۱			
	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 under	rgo the				
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b			
			For	n 990	(2016)	

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** Women and Youth Services of Selma, AL, Incorporated Part I 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.) 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).) 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). [7] 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 An organization that normally receives: (1) more than 331/8% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% 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). 12 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 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 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vf) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D)

(E) **Total** 

	ile A (Form 990 or 990-EZ) 2016	···					Page 2
Part							
	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if the	organization	n failed to qua	llify under
04	Part III. If the organization fails to	quality und	er the tests lis	ted below, pl	ease comple	te Part III.)	
	ion A. Public Support	(-) 0010	T 42 2040	(-) 0044	<b>4-7</b> 0045	( ) 0040 T	
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d</b> ) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not		, ,			į	
	include any "unusual grants.")		40,072	13,755	27 500	24 240	105 405
2	Tax revenues levied for the		40,072	13,733	27,509	24,149	105,485
-	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities		<del> </del>				
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		40,072	13,755	27,509	24,149	105,485
5	The portion of total contributions by						
_	each person (other than a	i					
	governmental unit or publicly	Į					
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)	ĺ				ļ	
6	Public support. Subtract line 5 from line 4		<del> </del>		·		
	ion B. Total Support	L	<u> </u>			<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		40,072	13,755	27,509	24,149	105,485
8	Gross income from interest, dividends,					= 1,7.13	100,100
	payments received on securities loans,	1				l	
	rents, royalties and income from similar						
	sources		2,891	9,498	6,365	135	18,889
9	Net income from unrelated business		]				
	activities, whether or not the business	}					
40	is regularly carned on	<u> </u>					
10	Other income. Do not include gain or loss from the sale of capital assets	Į.				İ	
	(Explain in Part VI.)	[				į	
11	Total support. Add lines 7 through 10	ļ			·	<del></del>	124,374
12	Gross receipts from related activities, etc	. (see instruct	ions)			12	124,374
13	First five years. If the Form 990 is for the	•	•	d, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re	<u></u>		<u> </u>		▶ ☑
Sect	ion C. Computation of Public Support						
14	Public support percentage for 2016 (line					14	<u>%</u>
15	Public support percentage from 2015 Sci					15	%
16a	331/2% support test—2016. If the organ box and stop here. The organization qua						
b				=			
J	this box and stop here. The organization						•
470	•	·		•			_
178	10%-facts-and-circumstances test—2 10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization						
b							<del></del>
_	15 is 10% or more, and if the organiza	ation meets th	ne "facts-and-c	ircumstances"	test, check t	this box and s	top here.
	Explain in Part VI how the organization r	neets the "fac	cts-and-circums	tances" test.	The organizati	on qualifies as	a publicly
	supported organization						▶ □

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

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Womer	and Youth Services of Alabama, Inc.		46-1246041
Par			
_	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6	j <u>.</u>
		(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		<del></del>
5	Did the organization inform all donors and donor	advisors in writing that the assets	held in donor advised
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene	and donor advisors in writing that gra	ant funds can be used
Par			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7	•
1	Purpose(s) of conservation easements held by the		·
•	Preservation of land for public use (e.g., recrea		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		or a certified flistoric sudcture
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribut	ion in the form of a consequation
-	easement on the last day of the tax year.	cio a qualified conservation continuat	Held at the End of the Tax Year
_			
a			
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified		
đ	Number of conservation easements included in		
_	<u> </u>		20
3	Number of conservation easements modified, trantax year ►	sterred, released, extinguished, or tel	minated by the organization during the
4	Number of states where property subject to conse	rvation easement is located ▶	
5	Does the organization have a written policy re	garding the periodic monitoring, in	spection, handling of
	violations, and enforcement of the conservation ea	sements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	<b>•</b>		,
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
-	▶\$	g, g,	,
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
•			· · · · · · · · · · Yes · No
9	In Part XIII, describe how the organization reports	conservation easements in its revenu	
J	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		nanoa oatomonto that accombos the
Part			r Other Similar Accets
I GII	Complete if the organization answered		
18	If the organization elected, as permitted under SF works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
	•		
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relat	r assets held for public exhibition, e ing to these items:	education, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art following amounts required to be reported under S	, historical treasures, or other simila	ar assets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		
- h	Assets included in Form 990. Part Y		<b>b</b> ¢

Part	III Organizations Maintaining C	collections of Art	, Historica	Treasures	, or Oti	ner Similar As	ssets (continued)	
3	Using the organization's acquisition, ac collection items (check all that apply):	cession, and other	records, ch	eck any of th	e follow	ing that are a	significant use of its	
а	☐ Public exhibition		d Class	an or exchang	o progr	ama		
b	Scholarly research		e   Oti	-				
_	Preservation for future generations		<b>₽</b> □ ○((					
С 4	Provide a description of the organization	n's collections and	l avalain hou	they further	the ora	anization'e ovo	mnt numoso in Port	
•	XIII.	on a conections and	explain not	r they further	uie Gig	anizauon 5 exe	mpt purpose in Part	
5	During the year, did the organization so	olicit or receive do	nations of a	t, historical tr	easures	, or other simil	ar	
	assets to be sold to raise funds rather th	nan to be maintaine	ed as part of	the organizati	on's co	llection?	☐ Yes ☐ No	
Part	Part IV Escrow and Custodial Arrangements.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form							
	990, Part X, line 21.	<del></del>						
18	Is the organization an agent, trustee, or						ot	
	included on Form 990, Part X?						🗌 Yes 🔲 No	
b	If "Yes," explain the arrangement in Part	t XIII and complete	the following	table:		<del></del>		
							Amount	
C	Beginning balance				1c	ļ		
d	Additions during the year				1d	L		
8	Distributions during the year				1e	<del></del>		
f	Ending balance				1f		<u></u>	
2a	Did the organization include an amount							
	If "Yes," explain the arrangement in Part	t XIII. Check here if	the explana	ion has been	provide	d on Part XIII.	<u></u>	
Par				5 . 1.4 !!	40			
	Complete if the organization a	(a) Current year	(b) Pnor year	(c) Two year		(d) There was been	k (e) Four years back	
<b>a</b> _	Paringing of war halance	(a) Current year	(b) Prior year	(c) I wo year	SDACK	(d) Three years bac	(e) Four years back	
1a	Beginning of year balance						<del></del>	
b	Contributions	<del></del>		<del></del>			<del></del>	
С	Net investment earnings, gains, and losses	Ì		}				
	<u> </u>	<del></del>	<del></del>	<del></del>		<del></del>	+	
d	Grants or scholarships			<del> </del> -		<del></del>	<del></del>	
е	programs			1	- 1			
f	Administrative expenses			<del></del>		<del></del>	<del></del>	
_	End of year balance	<del></del>		<del></del>		· · · · · · · · · · · · · · · · · · ·	<del></del>	
g 2	Provide the estimated percentage of the	e current year and h	nalance (line	1a column (a	)) bold a		_ <del></del>	
a	Board designated or quasi-endowment		Salarice (ilire	rg, column (a	iji rieid a	is.		
b	Permanent endowment ▶	%	,					
Č	Temporarily restricted endowment ▶	<sup>/0</sup>						
•	The percentages on lines 2a, 2b, and 2c	should equal 100	%.					
3a	Are there endowment funds not in the			that are held	and adr	ninistered for the	he	
	organization by:	•	J				Yes No	
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related org	anizations listed as	required on	Schedule R?			3b	
4	Describe in Part XIII the intended uses of	of the organization's	s endowmen	t funds.			<del></del>	
Part	VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.							
	Description of property	(a) Cost or other		st or other basis		Vocumulated	(d) Book value	
	<del></del>	(investment)	<u></u>	(other)	de	preciation	<del></del>	
1a	Land	<u></u>		10,000			10,000	
b	Buildings	<b></b>		179,000		29,089	149,911	
C	Leasehold improvements	<b> </b>						
d	Equipment	<b>}</b>						
<u>e</u>	Other							
ı otal.	Add lines 1a through 1e. (Column (d) mu	ıst eguai rorm 990,	ran X, colu	mn (B), line 10	)C.)	<u>.</u> ▶ }	159,911	

### 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

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Women and Youth Services of Selma, AL, Inc. 46-1246041 Form 990, Part III: - Mission is fulfilled through mentoring and literacy education activities that teach self-awareness, cultural heritage, personal responsibility and community responsibility. Activities provided to community women and youth. Form 990, Part VI, Section B, Line 11b: The Form 990 is provided to the Board to review for completeness and accuracy prior to the filing of the return. Form 990, Part VI, Section B, Line 12c: The Board regularly and consistently reviews and discusses organization policy quarterly. Financial reports are monitored for policy compliance. Form 990, Part VI, Section C, line 19: All information is available for public inspection at the organization's office. Form 990 was prepared based on financial records maintained by the organization's record keepers.