Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Inspection

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. Internal Revenue Service For the 2017 calendar year, or tax year beginning D Employer identification number Women and Youth Services of Selma, Al Incorporated C Name of organization Check if applicable Doing business as Women and Youth Services of Selma, Al Address change Room/suite Number and street (or P O box if mail is not delivered to street address) 46-1246041 Name change E Telephone number 515 Bell Road City or town ZIP code Initial return (334) 231-0180 AL 36701 Selma Final return/terminated Foreign country name Foreign postal code Foreign province/state/county G Gross receipts \$ 31.474 Amended return F Name and address of principal officer H(a) Is this a group return for subordinates? Application pending Verdell Lett-DDawson- Chairman 1905 Tippett Dr., Selma, AL H(b) Are all subordinates included? If "No," attach a list (see instructions) X 501(c)(3)) ◀ (insert no) Tax-exempt status Website: ► N/A H(c) Group exemption number ▶ X Corporation Trust Association Other > L Year of formation M State of legal domicile K Form of organization 2013 Part I Briefly describe the organization's mission or most significant activities: To purchase, manage and perpetuate property Activities & Governance which enables services that prevent community deterioration through youth and women activities focusing of self-awareness, cultural heritage, personal 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) 4 0 Total number of individuals employed in calendar year 2017 (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 0 Prior Year **Current Year** 24,149 30,674 Contributions and grants (Part VIII, line 1h) 8 Program service revenue (Part VIII, line 2g) JAN 1 4 Investment income (Part VIII, column (A), line 3, 4, and 7d). 9 0 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 135 0 11 Total revenue—add lines 8 through 11 (must equal Padwill Column (A), little 12) 12 30,674 24,284 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 13 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 0 15 0 0 Professional fundraising fees (Part IX, column (A), line 11e) 16a b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 21.315 23,951 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . 21,315 23,951 19 Revenue less expenses. Subtract line 18 from line 12 2.969 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . . 169,797 164,186 21 Total liabilities (Part X, line 26). 62,850 55,491 Net assets or fund balances Subtract line 21 from line 20 108,695 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 Sign Here Type or print name and title Print/Type preparer's name Preparer's signature Check **Paid** self-employed SELF-PREPARED RETURN Preparer Firm's EIN Firm's name **Use Only** Phone no Firm's address May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions. HTA

Form 990 (2017)

	990 (2017) Women and Youth Services of Seima, Al. Incorporated 40-1240041 Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To purchase, manage and perpetuate property which enables services that prevent community
	deterioration through youth and women activities focusing of self-awareness, cultural
	heritage, personal responsibility
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
-	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
	the total expenses, and revenue, if any, for each program service reported
	(O 1)
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
75	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	••••••
4d	Other program services. (Describe in Schedule O.)
70	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
40	Total program service expenses



# :11	Oneckist of Nequired Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Г		
٠	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
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		Х
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		X_
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			х
0	complete Schedule D, Part III	8		
9	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		Х
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		Х
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	Х	
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		<u> X</u>
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		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	l		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
ı	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	115		
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
120	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes,"		-	 _
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_ <u>X</u> _
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	4.0		V
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		<u> </u>
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
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	ł	Х
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		X

Par	Checklist of Required Schedules (continued)			
		20-	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	\vdash	X
	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	200	-	
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	 -	1	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		X.
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	<u> </u>	_X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
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		
	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		×
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	234	 	 ^
b	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	l	Х
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		X
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		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1		
	Schedule L, Part IV	28b		Х
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	١		١.,
	Part I	31	_	Х
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	If "Yes," complete Schedule N, Part II	132		<u> </u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
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	<u> </u>	ļ.,
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		X
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	37		V
20	VI	31		<u> </u>
38	19? Note. All Form 990 filers are required to complete Schedule O.	38		x
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Form 9	990 (2017) Women and Youth Services of Selma, Al. Incorporated 46-12	246041	F	age 5
	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			П
			Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	*41	ST 188	
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
С	gaming (gambling) winnings to prize winners?	1c	24.22	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	7420		TO S
20	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	3000	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		200	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		.X.
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		Τ,
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	l		;
	account)?.	4a		x
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			7
	(FBAR)		10	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		X,
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	ļ	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ĺ		
	gifts were not tax deductible?	6b	*********	d backs are no
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			
	and services provided to the payor?	7a	<u> </u>	┷
b	. If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	—
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
_	required to file Form 8282?	7c	The	X
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	-	X.
f ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	. 7f . 7g		X
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h	ļ	
n •	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		NAME OF	
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	239.22	
9	Sponsoring organizations maintaining donor advised funds.	_	care.	學技術
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		\vdash
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			A.C.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		20	
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			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	4		THE STATE OF
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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		150	1
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	1	1

Part VI

Women and Youth Services of Selma, Al Incorporated 46-1246041 Page 6
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

Sect	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 11								
	If there are material differences in voting rights among members of the governing body, or									
	if the governing body delegated broad authority to an executive committee or similar									
	committee, explain in Schedule O									
b	Enter the number of voting members included in line 1a, above, who are independent	1b 0		ł						
2										
	any other officer, director, trustee, or key employee?		2							
3	Did the organization delegate control over management duties customarily performed by or und	er the direct								
	supervision of officers, directors, or trustees, or key employees to a management company or o	ther person?	3		_X_					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization	's assets?	5		X					
6	Did the organization have members or stockholders?		6	Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint								
	one or more members of the governing body?		7a	Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb	ers,								
	stockholders, or persons other than the governing body?		7b		_X_					
8	Did the organization contemporaneously document the meetings held or written actions undertain	iken during								
	the year by the following:									
а	The governing body?		8a	Х						
b			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be									
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule (9		_X_					
Sect	on B. Policies (This Section B requests information about policies not required by the li	nternal Revenue Co	ae)							
40.	Out the second transfer beautiful about the second and		40-	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?	· · · · ·	10a		<u>^</u>					
b	If "Yes," did the organization have written policies and procedures governing the activities of sur affiliates, and branches to ensure their operations are consistent with the organization's exempt		40h							
44-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		10b 11a	X						
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	illing the forms:	ı a	â						
b 120	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х						
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	$\hat{\mathbf{x}}$						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy?									
•	describe in Schedule O how this was done		12c	х						
13	Did the organization have a written whictleblower policy?		13		X					
14	Did the organization have a written document retention and destruction policy?		14		X					
15	Did the process for determining compensation of the following persons include a review and ap									
	independent persons, comparability data, and contemporaneous substantiation of the deliberati									
а	The organization's CEO, Executive Director, or top management official		15a		Χ					
b	Other officers or key employees of the organization		15b		Х					
	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 arra	angement								
	with a taxable entity during the year?		16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev	aluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to se	afeguard								
	the organization's exempt status with respect to such arrangements?	<u> </u>	16b		X					
	on C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed AL	000 T (04 5041								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-1 (Section 501(c)(3)s	only)						
	available for public inspection. Indicate how you made these available Check all that apply.	ratain in Oaka data Oa								
40		plain in Schedule O)	001:	ا ما						
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	is, connict or interest	pulicy	, and						
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization	's hooks and records:	_							
20	Mrs Mary Ann Flowers, lvy and Pearl Services Center	(00.1) 00.1 0.100								
	515 Bell Rd., Selma, AL 36701	(554) 251-0100								
	070 0011 (A.) 0011114 (77E 0070)		_							

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orm 990 (2017)	٠	Women and Youtl	Services i	of Selma.	ΑI	Incorporated
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Part VII

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

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 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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person a director director) (do not check more than one box, unless person and officer and off		ıs both an or/trustee)		ıs both an or/trustee)		is both an or/trustee)		ıs both an or/trustee)		is both an or/trustee)		ıs both an or/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Verdell Lett Dawson	1 00																		
Chairman		Х	_	X		L		0	0	0									
(2) Rosalyn Bassett	1.00				ŀ														
First Vice President		Х		X	L		<u> </u>	0	0	0									
(3) Karen Brown	1.00	4																	
Second Vice President		Х		Х				0	0	0									
(4) Mary Ann Flowers	1.00																		
Secretary		Х		Х			L	0	0	0									
(5) Melinda Page	1 00																		
Treasurer		X		Х				0	0	0									
(6) Annie Montgomery-Williams	1.00																		
Financial Secretary		Х		X				0	0	0									
(7) Patricia K Robinson	1 00	4																	
Member-At- Large		Х		Х				0	0	0									
(8) Elizabeth Rutledge	1 00																		
		X	L		L			0	0	0									
(9) Tyise Arrington	1.00							·											
		X	<u> </u>		L			0	0	0									
(10) Juanda Maxwell	1 00		ļ																
		X						0	0	0									
(11) L Dale Bryant	1.00																		
		X				L		0	0	0									
(12)																			
(13)																			
(14)		-																	
	!	L	Ц	Ц.	L.—		Щ		·	L									

P	art VII	Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee:	s, a	nd	High	est	Compensated	Employees	(conti	nued)	
(A) Name and title		(B) Average hours per	er officer and a direct					one n an tee)	(D) Reportable compensation	(E) Reportable compensation from related	e on	(F) Estimated amount of		
			week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MI	SC)	other compensation from the organization and related organizations	
(15)														
(16)														
(17)														
(18)														
<u>(19)</u>				1										
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Total fro	al								0 0		0 0 0		0
2		mber of individuals (including but not le compensation from the organization	limited to those	listed	da t	ove	e) w	ho re	cei	ved more than \$	100,000 of			
3	Did the o	organization list any former officer, di e on line 1a? If "Yes," complete Sche	rector, or truste	e, key	y en	nplo	yee	e, or I	_	nest compensate	ed			No X
4	the orga	individual listed on line 1a, is the sum nization and related organizations gre al	of reportable ceater than \$150,	ompe ,000?	ensa ' <i>If "</i>	Yes	n an s," c	ompi	ner (lete	compensation fr Schedule J for	om such		4	Mark X
5		person listed on line 1a receive or access rendered to the organization? If "									ndıvidual 		5	X
Sec		dependent Contractors												
1	Complet	e this table for your five highest comp sation from the organization Report c											tax	
		(A) Name and business add	iress							(B) Description of se	rvices	Com	(C) npensation	_
									\vdash					_(
									⊨					
									\vdash					7
		-												_
2		mber of independent contractors (incl an \$100,000 of compensation from the		nited •	to t	hos	se lu	sted a		ve) who receive	d		T. Arr	13

	orm 990 (2017) Women and Youth Services of Selma, Al. Incorporated 46-12460 Part VIII Statement of Revenue							041 Page
rai	r Alii	Check if Schedule O contains	s a response or	note to any line	in this Part VIII.		, ,	🗍
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts		Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, graisimilar amounts not included ab Noncash contributions included in li Total. Add lines 1a–1f	nts, and ove 1f nes 1a-1f: \$	0 11,365 8,722 0 0 10,587 4,155 ▶ Business Code	30,674			
ogran	e f	All other program service revenu			0			
	d 7a	Income from investment of tax-er Royalties	xempt bond pro (i) Real 800 800 0 (i) Securities	t, and ceeds	000000000000000000000000000000000000000			
evenue	I	events (not including \$	0 0	0	O			
Other Revenue	9a b c	of contributions reported on line See Part IV, line 18. Less: direct expenses Net income or (loss) from fundra Gross income from gaming activ See Part IV, line 19. Less: direct expenses Net income or (loss) from gamin Gross sales of inventory, less returns and allowances	a buising events vities a b	0 0 0 0	0			
		Less. cost of goods sold Net income or (loss) from sales Miscellaneous Revenue	b	0 Business Code	0			,

d All other revenue . .

e Total. Add lines 11a-11d . .

Total revenue. See instructions.

0

30,674

Part IX	Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete a	Il columns All othe	r organizations mu	<u>ist complete column</u>	1 (A)
_	Check if Schedule O contains a response or not	e to any line in this	Part IX .		🔲
	not include amounts reported on lines 6b, 7b, 9b, 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				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			PER LESS AND THE SECOND
5	Compensation of current officers, directors,				-
	trustees, and key employees	0		0	!
6	Compensation not included above, to disqualified				,
	persons (as defined under section 4958(f)(1)) and				t 9
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			,
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
С	Accounting	0			
d	Lobbying	0	,		
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)	l o		0	
12	Advertising and promotion	0			1
13	Office expenses	837			
14	Information technology	0			
15 .	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	İ		,
19	Conferences, conventions, and meetings	2,117			1
20	Interest	1,982			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,688	C	0	0
23	Insurance	4,649			
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)	U.S. C. F. Care 14.5 For			
a	Utilities	3,255			
þ	Security	985			
C	Pest Control	260			
d	Lawn Service	495			
e	All other expenses	1,683			
25	Total functional expenses. Add lines 1 through 24e.	23,951	C	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and		}		}
•	fundraising solicitation. Check here ▶☐ ıf	İ			
	following SOP 98-2 (ASC 958-720)			<u></u>	

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash—non-interest-bearing . . . 9.886 1 11.963 2 0 2 Savings and temporary cash investments. 0 3 3 Pledges and grants receivable, net . . . 0 4 Accounts receivable, net 0 . 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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. 0 6 Notes and loans receivable, net 0 7 0 inventories for sale or use . . Prepaid expenses and deferred charges 0 9 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 159,911 **b** Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities 0 11 0 ol 12 0 12 Investments—other securities. See Part IV, line 11. . . O 13 0 13 Investments—program-related See Part IV, line 11..... ol 14 14 Intangible assets 0 0 15 0 15 Other assets See Part IV, line 11. 169,797 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 164,186 17 0 17 ol 18 18 Grants payable. 0 19 19 20 0 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D. . . 21 Loans and other payables to current and former officers, directors, iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 Secured mortgages and notes payable to unrelated third parties 62.850 23 23 55.491 24 Unsecured notes and loans payable to unrelated third parties . . . 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Total liabilities. Add lines 17 through 25. 62.850 55.491 Organizations that follow SFAS 117 (ASC 958), check here▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets . 28 28 29 Permanently restricted net assets 0 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 0 30 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 0 32 Retained earnings, endowment, accumulated income, or other funds. . . 32 33 169,797 33 Total liabilities and net assets/fund balances.

219,262

232,647

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

. . .

Form 990 (2017)

Schedule O.

3a

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization 46-1246041 Women and Youth Services of Selma, Al Incorporated 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 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 5 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 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 33 1/3% 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 33 1/3% 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). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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 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, 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . 0 Provide the following information about the supported organization(s). (i) Name of supported organization (iv) Is the organization (v) Amount of monetary (ii) EIN (iii) Type of organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

i y k začalj

0

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total '
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	40,072	13,755	27,509	24,149	30,674	136,159
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.		· · · · · · · · · · · · · · · · · · ·			,	. 0
3 ,	The value of services or facilities furnished by a governmental unit to the organization without charge						, O
4	Total. Add lines 1 through 3	40,072	13,755	27,509	24,149	30,674	136,159
5	The portion of total contributions by						
1	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						, , t
	shown on line 11, column (f)						1
6	Public support. Subtract line 5 from line 4						136,159
$\overline{}$	ction B. Total Support						'
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	40,072	13,755	27,509	24,149	30,674	136,159
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,891	9,498	6,365	135	600	19,489
9	Net income from unrelated business activities, whether or not the business is regularly carried on						, 0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						, 1 0
11	Total support. Add lines 7 through 10		则是艾瑟克				<u> 155,648</u>
12 13	Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						
Sec	ction C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2016 Schedule A, Part II, line 14 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box						
	33 1/3% support test—2017. If the organization qualifies as and stop here. The organization qualifies as 33 1/3% support test—2016. If the organization	s a publicly suppor	ted organization		•		▶
L	box and stop here. The organization qualific				13 33 17370 01 111010	s, oneok ans	•
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 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.						
t	15 is 10% or more, and if the organization i	%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. plain in Part Vi how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly proofed organization.					
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		.

SCHEDULE D (Form 990)

Open to Public

OMB No 1545-0047

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.

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

Inspection

Name	e or the organization	Linployer identification number
Worr	men and Youth Services of Selma, Al. Incorporated	46-1246041
Par		nilar Funds or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV	
	(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 advisors in writing that the a	ssets held in donor advised
	funds are the organization's property, subject to the organization's exclusive	
6	Did the organization inform all grantees, donors, and donor advisors in writin	- — —
•	used only for charitable purposes and not for the benefit of the donor or dono	
	purpose conferring impermissible private benefit?	
Dag	rt II Conservation Easements.	
rai		/ lima 7
 _	Complete if the organization answered "Yes" on Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization (check all the	
	Preservation of land for public use (e.g., recreation or education)	reservation of a historically important land area
	Protection of natural habitat	reservation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation	contribution in the form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Yea
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included	
ď	Number of conservation easements included in (c) acquired after 7/25/06, ar	` '
-	historic structure listed in the National Register	1 - 1
3	Number of conservation easements modified, transferred, released, extinguis	
•	the tax year ▶	g
4	Number of states where property subject to conservation easement is located	. ▶
5	Does the organization have a written policy regarding the periodic monitoring	
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and	
	>	the state of the s
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enfo	orcing conservation easements during the year
•	► \$	making contaction observed during the year
8	Does each conservation easement reported on line 2(d) above satisfy the re-	nuirements of section 170(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in	
•	balance sheet, and include, if applicable, the text of the footnote to the organ	
	the organization's accounting for conservation easements.	and the mander old of the decombes
Pari	rt III Organizations Maintaining Collections of Art, Historical Treas	ures or Other Similar Assets
- 41	Complete if the organization answered "Yes" on Form 990, Part IV	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to r	
	works of art, historical treasures, or other similar assets held for public exhibit	
	of public service, provide, in Part XIII, the text of the footnote to its financial s	· · · · · · · · · · · · · · · · · · ·
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to repo	
U	works of art, historical treasures, or other similar assets held for public exhibit	
	of public service, provide the following amounts relating to these items:	don, education, or research in furtherance
		▶ •
	(i) Revenue included on Form 990, Part VIII, line 1	
2	(ii) Assets included in Form 990, Part X .	
2	If the organization received or held works of art, historical treasures, or other	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating	
a	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·
b	Assets included in Form 990, Part X	> 5

Part	III Organizations Maintaining C								
3	Using the organization's acquisition, a	ccession, and oth	er records	, check a	iny of the foll	owing th	at are a significa	ant use of its	
	collection items (check all that apply).			i					
а	Public exhibition		d [Loan	or exchange	program	ıs		
b	Scholarly research		e	Other					
С	Preservation for future generated	ons							
4	Provide a description of the organization XIII	on's collections ar	nd explain	how they	further the o	organizat	ion's exempt pu	rpose in Part	
5	During the year, did the organization s assets to be sold to raise funds rather							Yes No	o !
Part	IV Escrow and Custodial Arrange	gements.	-						
	Complete if the organization are 990, Part X, line 21.		n Form 9	90, Part	IV, line 9, o	r report	ed an amount	on Form	•
1a	Is the organization an agent, trustee, or	custodian or other	ıntermedi	ary for co	ontributions o	r other a	ssets not		•
included on Form 990, Part X?						Yes No)		
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fol	owing tal	ole.				_;
							A	mount	_
C	Beginning balance					1c	 		
d			•		•	1d			_
e f	Distributions during the year Ending balance		•			1e	 	· · · · · · · · · · · · · · · · · · ·	0
	J			04 for a					<u> </u>
2a	Did the organization include an amour						-	Yes X No)
b	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the ex	planation	has been pr	ovided o	n Part XIII .	· · ·	
Part	V Endowment Funds. Complete if the organization ar	nswered "Yes" o	n Form 9	90, Part	IV, line 10.				
		(a) Current year	(b) Pn	or year	(c) Two years	back (d) Three years back	(e) Four years back	_
1a	Beginning of year balance								
b	Contributions								_
С	Net investment earnings, gains,				j				
	and losses .				 				_
đ	Grants or scholarships								_
е	and programs				İ				
f	Administrative expenses		ļ					 	_
g	End of year balance	0		0	<u> </u>	0	(0
2	Provide the estimated percentage of the	_ 			<u> </u>			<u> </u>	
- а	Board designated or quasi-endowmen		%	(iiio ig,	00.0 (0))	noia ao.			
b	Permanent endowment	%							
C	Temporarily restricted endowment	▶ %							
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.						
3a	Are there endowment funds not in the	possession of the	organiza	tion that a	are held and	administ	ered for the		
	organization by							Yes No	<u> </u>
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(II), are the related o	-	-					3b	
4	Describe in Part XIII the intended uses		on's endo	vment fur	nds.		 -		
Part									
	Complete if the organization ar							<u> </u>	_
	Description of property	(a) Cost or ot (investm			ost or other is (other)	de	ccumulated preciation	(d) Book value	
1a	Land							10,00	
b	Buildings		0		179,000		36,777	141,80	
C	Leasehold improvements	·	0		0		0		0
d	Equipment		0		0		0	_ 	0
<u>e</u>	Other	· · · · · - · -	0		0				0
ıotal	. Add lines 1a through 1e. (Column (d)	must equal Form	990, Part	x, colum	n (B), line 10	C.) .	<u> </u>	151,80)8

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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

Women and Youth Services of Selma, Al. Incorporated	<u> 46-1246041</u>
Form 990, Part III, Mission is fulfilled through mentoring and literacy education activities	,
that teach self-awareness, cultural heritage, personal and community responsibility.	
Activities provided to community women and youth	
Form 990, Part VI, Section B, Line 11b: Provided to the board to review for completeness and	<u> </u>
accuracy prior to the filing of the return	
Form 990, Part VI, Section B, Line 12c. The Board regularly and consistently review and	
discusses organization policy quarterly. Financial reports are monitoredfor 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 of financial records maintained by th	e
organization"s record keepers.	
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