

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20_____

2022

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer LADY VETERANS CONNECT EIN or SSN 46-0848546

Name and title of officer or person subject to tax PHYLLIS ABBOTT EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 2 columns: Form type (1a-10a) and Amount (b). Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, and Form 5330.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only [X] I authorize CLARK, SCHAEFER, HACKETT & CO. to enter my PIN 12345 ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing Identification number (EFIN) followed by your five-digit self-selected PIN. 31335024131 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature CLARK, SCHAEFER, HACKETT & CO. Date 11/09/23

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8879-TE (2022)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
LADY VETERANS CONNECT
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
11400 IRVINE ROAD
 City or town, state or province, country, and ZIP or foreign postal code
WINCHESTER, KY 40391

D Employer identification number
46-0848546

E Telephone number
859-806-4297

F Name and address of principal officer: **PHYLLIS ABBOTT**
SAME AS C ABOVE

G Gross receipts \$ **350,759.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **HTTPS://WWW.LV-CONNECT.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2012** **M** State of legal domicile: **MO**

Part I Summary

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities: TO PROVIDE HIGH QUALITY, COMPREHENSIVE SERVICES TO ASSIST FEMALE VETERANS IN TRANSITIONAL						
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.						
3	Number of voting members of the governing body (Part VI, line 1a)	3		7			
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		7			
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5		0			
6	Total number of volunteers (estimate if necessary)	6		22			
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.			
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.			
		Prior Year		Current Year			
8	Contributions and grants (Part VIII, line 1h)	150,501.		323,086.			
9	Program service revenue (Part VIII, line 2g)	0.		0.			
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.		0.			
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,677.		17,098.			
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	156,178.		340,184.			
		Beginning of Current Year		End of Year			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.		19,444.			
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.		0.			
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.		0.			
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.		0.			
b	Total fundraising expenses (Part IX, column (D), line 25)	12,137.					
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	130,221.		154,018.			
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	130,221.		173,462.			
19	Revenue less expenses. Subtract line 18 from line 12	25,957.		166,722.			
20	Total assets (Part X, line 16)	412,941.		568,005.			
21	Total liabilities (Part X, line 26)	264,864.		262,971.			
22	Net assets or fund balances. Subtract line 21 from line 20	148,077.		305,034.			

Part II 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 Signature of officer: **PHYLLIS ABBOTT, EXECUTIVE DIRECTOR** Date: _____
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: **BRIDGET A. BUSH** Preparer's signature: **BRIDGET A. BUSH** Date: **11/09/23** Check if self-employed: PTIN: **P00234609**
 Firm's name: **CLARK, SCHAEFER, HACKETT & CO.** Firm's EIN: **31-0800053**
 Firm's address: **1 EAST 4TH STREET CINCINNATI, OH 45202** Phone no.: **513-241-3111**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO PROVIDE HIGH QUALITY, COMPREHENSIVE SERVICES TO ASSIST FEMALE VETERANS IN TRANSITIONAL SUPPORT AND PREVENT HOMELESSNESS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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.

4a (Code:) (Expenses \$ 140,336. including grants of \$ 19,444.) (Revenue \$) LVC PROVIDES A TRANSITIONAL HOME FOR HOMELESS WOMEN VETERANS WHERE THEY CAN LIVE UP TO A YEAR WHILE PARTICIPATING IN PROGRAMS FOR HEALING: INCLUDING SELF-ESTEEM CLASSES, NUTRITIONAL CLASSES, RESUME BUILDING, INTERVIEWING SKILLS, DRESSING FOR SUCCESS, COUNSELING, AND RESTORING RELATIONSHIPS. LVC ALSO SPONSORS FIVE EVENTS TO PROVIDE WOMEN VETERANS WITH RESOURCES THAT ADDRESS THEIR CONCERNS, AND TO HELP DEVELOPE RELATIONSHIPS WITH OTHER VETERANS.

I. ACCOMPLISHMENTS OF LADY VETERANS CONNECT IN 2022:

A. SERVICES PROVIDED:

ARRANGED MILITARY FUNERAL AND BURIAL IN THE NATIONAL CEMETERY FOR

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 140,336.