## Form 8879-TE

## IRS e-file Signature Authorization for a Tax Exempt Entity

OMB NO.	1949-0047

For calendar year 2022, or fiscal year beginning

, 2022, and ending

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.

- ZUZ4

Name of filer EIN or SSN LADY VETERANS CONNECT 46-0848546 PHYLLIS ABBOTT Name and title of officer or person subject to tax EXECUTIVE DIRECTOR 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. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ 1b ta Form 990-EZ check here ... b Total revenue, if any (Form 990-EZ, line 9) 2b 2a b Total tax (Form 1120-POL, line 22) 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) **4a** Form 990-PF check here Form 8868 check here ..... 59 b Balance due (Form 8868, line 3c) 5b b Total tax (Form 990-T, Part III, line 4) \_\_\_\_\_\_6b Form 990-T check here ..... 6a b Total tax (Form 4720, Part III, line 1) \_\_\_\_\_\_ 7b Form 4720 check here ..... 7a Form 5227 check here ..... 8a b FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9a 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 105 Declaration and Signature Authorization of Officer or Person Subject to Tax Part II 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. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize CLARK SCHAEFER, HACKETT & CO. 12345 to enter my PIN 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(les) 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(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. of officer or person aubject to tax

III Certification and Authentication Part III ERO's EFIMPIN. Enter your six-digit electronic filing Identification number (EFIN) followed by your five-digit self-selected PIN. 31335024131 Do not enter all zezos 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. CLARK, SCHAEFER, HACKETT & CO. ERO's signature 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)

## Form **990**

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer Identification number Address LADY VETERANS CONNECT Nama change 46-0848546 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final returns 11400 IRVINE ROAD 859-806-4297 350,759. City or town, state or province, country, and ZiP or foreign postal code G Gross receipts \$ Amendek return WINCHESTER, KY 40391 H(a) is this a group return Applica-tion pending F Name and address of principal officer: PHYLLIS ABBOTT for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 if "No." attach a list. See instructions HTTPS://WWW.LV-CONNECT.ORG Website: H(c) Group exemption number Form of organization: X Corporation L Year of formation: 2012 M State of legal domicile: MO Trust Other Part I Summary Briefly describe the organization's mission or most significant activities; TO PROVIDE HIGH QUALITY Governance COMPREHENSIVE SERVICES TO ASSIST FEMALE VETERANS IN TRANSITIONAL if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box 3 Number of voting members of the governing body (Part VI, line 1a) ..... Number of independent voting members of the governing body (Part VI, line 1b) 7 4 Total number of Individuals employed in calendar year 2022 (Part V, line 2a) Ō 5 6 Total number of volunteers (estimate if necessary) 22 6 7 a Total unrelated business revenue from Part Vill, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 150,501. 323,086. 8 Program service revenue (Part VIII, line 2g) 9 0. 0. Investment income (Part Vill, column (A), lines 3, 4, and 7d) 0. 10 0. Other revenue (Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 5,677. 17,098. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 156,178. 340,184. 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. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Ō. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 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 25,957. Revenue less expenses. Subtract line 18 from line 12 166,722. Assets or Balances Beginning of Current Year **End of Year** 568,005. 20 Total assets (Part X, line 16) 412,941. Total liabilities (Part X, line 26) 21 264,864. 262,971. 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. Signature of officer Sign PHYLLIS ABBOTT, Here EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature BRIDGET A. BUSH Paid BRIDGET A. 11/09/23 BUSH P00234609 CLARK, SCHAEFER, Preparer Firm's name HACKETT Firm's EIN 31-0800053 Use Only Firm's address 1 EAST 4TH STREET CINCINNATI, OH 45202 Phone no. 513-241-3111 May the IRS discuss this return with the preparer shown above? See instructions

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ra:	t III 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 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?
	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? Yes X No
	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.
4a	
MAZ.	(Code:) (Expenses \$\frac{140,336.}{140,336.} \text{ including grants of \$\frac{19,444.}{19,444.} \text{ (Revenue \$\frac{1}{2} \)} 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	
46	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$
4e	Total program service expenses 140,336.
	Form 990 (2022)

SEE SCHEDULE O FOR CONTINUATION(S)

232002 12-13-22