Form	99	0-	ΕZ

Short Form

OMB No. 1545-0047 2023

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. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Dep Inter	artment o nal Reve	of the Treasury nue Service Go to www.irs.gov/Form990EZ for instructions and the latest information.		Inspection
		2023 calendar year, or tax year beginning , 2023, and ending		. 20
			D Employer ide	entification number
	Address	-	87-4767	409
Π	Name ch		Telephone nu	
	Initial retu		(412) 97	
		Inn/terminated	F Group Exer	
	Amende Applicati	on pending CHARLOTTE, NC 28226	Number	приот
			heck k if the	e organization is not
	Nebsite			ch Schedule B
Jī	Fax-exen	npt status (check only one) - 🕱 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) or 🗌 527 (F	orm 990).	
ĸ	Form of	organization: Corporation Trust Association 🕱 Other: ORGANIZATIO	N	
L/	Add lines	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets		
		Imn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		66,568
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in	nstructions f	
		Check if the organization used Schedule O to respond to any question in this Part I		· · · · · · · · x
	1	Contributions, gifts, grants, and similar amounts received	1	66,480
	2	Program service revenue including government fees and contracts	2	· · · · ·
	3	Membership dues and assessments		
	4	Investment income		88
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses		
	с	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	а	Gross income from gaming (attach Schedule G if greater than		
ue		\$15,000)		
Revenue	b	Gross income from fundraising events (not including \$ of contributions		
Re		from fundraising events reported on line 1) (attach Schedule G if the		
		sum of such gross income and contributions exceeds \$15,000) 6b		
	с	Less: direct expenses from gaming and fundraising events 6c 11, 3	321	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
		line 6c)	6d	(11,321)
	7a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	55,247
	10	Grants and similar amounts paid (list in Schedule O)		
	11	Benefits paid to or for members		
ŝ	12	Salaries, other compensation, and employee benefits		
Expenses	13	Professional fees and other payments to independent contractors		
çpe	14	Occupancy, rent, utilities, and maintenance		
ñ	15	Printing, publications, postage, and shipping		1,282
	16	Other expenses (describe in Schedule O)		34,291
	17	Total expenses. Add lines 10 through 16		35,573
s	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	19,674
set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
As		end-of-year figure reported on prior year's return)		7,002
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	26,676
For	Paperw	vork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2023)

EEA

-	990-EZ (2023) VALENTINES DAY WIDOW			87-47	6740	9 Page 2
Pai		,				_
	Check if the organization used Schedule O t	o respond to any qu	estion in this Part I		<u></u>	
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments • • • • • • • • • •			7,002	22	26,676
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			7,002	25	26,676
26	Total liabilities (describe in Schedule O) · · · · · ·			0	26	0
27	Net assets or fund balances (line 27 of column (B) must		· · · · · · · · · · ·	7,002	27	26,676
Pal	t III Statement of Program Service Accomplis					Expenses
	Check if the organization used Schedule O				(Rea	uired for section
What	is the organization's primary exempt purpose? VALENT	INE DAY RECOGNI	TION OF WIDOW	5	I	c)(3) and 501(c)(4)
	ribe the organization's program service accomplishments for				ľ	nizations; optional for
	easured by expenses. In a clear and concise manner, descril		d, the number of		other	s.)
	ns benefited, and other relevant information for each progra					
28	FURNISH FLOWERS AND WINE TO WIDOWS ON	VALENTINES DAT	Y			
					00-	
	(Grants \$) If this amoun	t includes foreign grant	s, cneck nere ••		28a	34,291
29						
	(Cranta ()) If this amount	tingludge foreign grant	a abaali bara		200	
30	(Grants \$) If this amoun	t includes foreign grant	s, check here ••	· · · · · · · · · · · · · · · · · · ·	29a	
30						
	(Cropto ¢	t includes foreign grant	a abaak bara		30a	
31		nt includes foreign grants			504	
51		t includes foreign grants			31a	
32	Total program service expenses (add lines 28a through 3'		•••••		32	34,291
	t IV List of Officers, Directors, Trustees, and					
	Check if the organization used Schedule O					_
	5		(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week	compensation	contributions to employe	- (e) Estimated amount of
		devoted to position	(Forms W-2/1099-MISC) 1099-NEC)	benefit plans, and deferred compensation		other compensation
			(if not paid, enter -0-)	deletted compensation		
ASH	LEY E MANNING		STMA01			
CEO	-	15.00	0	0		0
			-	-		-
					_	

	00-EZ (2023) VALENTINES DAY WIDOW OUTREACH CO 87-47674	09	F	Page
Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	• •		<u>. </u>
			Yes	N
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	_		
b	Gross receipts, included on line 9, for public use of club facilities ••••••••••••••••••••••••••••••••••••	_		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911:; section 4912:; section 4955:;			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
с	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 • • • • • • • • • • • • • • • • • • •			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed:			
42a	The organization's books are in care of: <u>ASHLEY E MANNING</u> Telephone no. <u>412-9</u>	74-3	303	
	Located at: 5526 FIVE KNOLLS DRIVE, CHARLOTTE, NC ZIP + 4 28226			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	·	Yes	N
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		x
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	• • •		•
	and enter the amount of tax-exempt interest received or accrued during the tax year		i	
			Yes	N
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		x
с	Did the organization receive any payments for indoor tanning services during the year?	44c		x
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		x
b	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," Form 990 and Schedule R may need to be completed instead of			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		x

Form 99	0-EZ (20	023)	VALENTINES DAY	WIDOW OUTREACH CO	5			87-	47674	409	Р	age 4
											Yes	No
46	Did the	e organization e	ngage, directly or indirect	y, in political campaign act	ivities on beh	alf of or in op	position					
			ic office? If "Yes," comple							46		х
Part			(c)(3) Organization									
			01(c)(3) organizatio	ns must answer ques	stions 47-4	49b and 5	2, and	complete th	e tab	les foi	lines	3
		50 and 51.										_
	(Check if the	organization used S	chedule O to respor	nd to any o	question ir	n this P	art VI				<u>. </u>
											Yes	No
47	Did the	e organization e	ngage in lobbying activitie	es or have a section 501(h)	election in e	ffect during th	ne tax					
	year?	If "Yes," comple	te Schedule C, Part II						• •	47		х
48	Is the	organization a s	chool as described in sec	tion 170(b)(1)(A)(ii)? If "Ye	s," complete	Schedule E				48		х
49a	Did the	e organization m	nake any transfers to an e	xempt non-charitable relate	ed organizati	on?				49a		х
b	lf "Yes	," was the relate	ed organization a section {	527 organization?						49b		
50	Comp	lete this table for	r the organization's five hi	ghest compensated emplo	yees (other t	han officers,	directors,	trustees, and k	(ey		I	
),000 of compensation from								
		,	·			portable		alth benefits,				
	(a)	Name and title of e	each employee	(b) Average hours per week	comp	ensation	contribut	ions to employee	(e)	Estimate		
	(u)		aon employee	devoted to position		2/1099-MISC/ 9-NEC)		ans, and deferred mpensation		other cor	npensati	on
									+			
NONE												
NONE									+			
									-			
									+			
									+			
f			employees paid over \$10									
51			-	ghest compensated indepe		ictors who ea	ch receiv	ed more than				
	\$100,0	000 of compensation	ation from the organizatio	n. If there is none, enter "N	Vone."							
		(a) Name and busi	iness address of each independe	nt contractor	(b)) Type of service	e		(c) Con	npensatio	ı	
		.,										
NONE												
<u> </u>	- · ·											
d				each receiving over \$100,0								
52		0	•	e: All section 501(c)(3) orga					г	٦	Π.	_
	compl	eted Schedule A	• • • • • • • • • • • • • • •			• • • • • •			· 2	Yes		lo
				eturn, including accompanying					ledge a	nd belief	, it is	
true, cor	rect, and	l complete. Decla	aration of preparer (other than	n officer) is based on all inform	ation of which	preparer has a	any knowle	edge.				
<u>.</u>		ASHLEY E						05-08	3-202	24		
Sign		Signature of officer	r					Date				
Here		ASHLEY E	MANNING, CEO									
		Type or print name										
		Print/Type prepare	r's name	Preparer's signature		Date		Check 🗶 if	PT	ΊN		
Paid		Frederick	Peters			01-26-	2025	self-employed	₽0	10823	81	
Prepa	arer	Firm's name	Abaci Business	Services			Fin	m's EIN				
Use (Dnly	Firm's address	213 N Cardinal	Extension Drive								
			Wilmington NC 2	8405			Ph	one no. 704	-607	-4755		
May the	e IRS di	scuss this return		above? See instructions						Yes		lo

SCHEDU	JLE A
(Form 99	0)

Department of the Treasury Internal Revenue Service

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.

t.	2023					
	Open to Public					
	Inspection					
ntification number						

OMB No. 1545-0047

		nue Service	Go to	www.irs.gov/Form	n990 for instructions an	d the lates	t informati		Inspection
Name o	of the o	organization						Employer identification	number
Part	-		IDOW OUTREACH		l organizations mus	t comple	to this n	87-476740	
				•	s 1 through 12, check on				5115.
1 ne org	<u> </u>		•	(ches described in sectio	,	,		
2	=	-			Schedule E (Form 990).)	1170(5)(1)	(~)(').		
3	=		•		described in section 170	(b)(1)(A)(ii	i)		
4	=			•	with a hospital described		,	A)(iii). Enter the	
	_		e, city, and state:						
5		n organizatio	n operated for the be	nefit of a college or	university owned or opera	ated by a g	overnment	al unit described in	
	se	ection 170(b))(1)(A)(iv). (Complete	Part II.)					
6	🗌 A	federal, state	e, or local government	or governmental ur	nit described in section 17	′0(b)(1)(A)	(v).		
7		n organizatio	n that normally receiv	es a substantial pai	t of its support from a go	vernmental	unit or from	m the general public	
	de	escribed in se	ection 170(b)(1)(A)(v	i). (Complete Part II	.)				
8	∐ A	community ti	rust described in sect	ion 170(b)(1)(A)(vi)	. (Complete Part II.)				
9	_	0	•		on 170(b)(1)(A)(ix) opera			o o	
		-	a non-land-grant col	lege of agriculture (see instructions). Enter th	ie name, ci	ty, and stat	e of the college or	
	_	niversity:							
10	re su	eceipts from a upport from g	activities related to its ross investment inco	exempt functions, s me and unrelated b	3 1/3% of its support from subject to certain exception usiness taxable income (I section 509(a)(2). (Complete (Complete) (Complete) (Comple	ons; and (2) less sectior) no more tl n 511 tax) fi	han 33 1/3% of its	
11		n organizatio	n organized and opera	ated exclusively to te	est for public safety. See s	ection 509	(a)(4).		
12	_	0	0	2	the benefit of, to perform			, , ,	
			• • • •		in section 509(a)(1) or se				ck
	th	1	•	••	e of supporting organizati		•	-	
а	L				sed, or controlled by its su			,	
			• • • •		y appoint or elect a major	ity of the di	rectors or t	rustees of the	
L		, ·· ·	•		IV, Sections A and B.	:4	!		
b					ntrolled in connection with		-	.,	
			on(s). You must com		ion vested in the same pe			nanage the supported	
<u> </u>	Г	, ^č	()	•	nization operated in conn	ection with	and function	anally integrated with	
С					must complete Part IV,				
d	Г		• • • • •	,	organization operated in				
ŭ					generally must satisfy a c		•		
				-	Part IV, Sections A and				
е	Г		,	•	n determination from the I			Type II, Type III	
					ntegrated supporting orga				
f	Ente		r of supported organi						
g	Prov	vide the follow	wing information abou	it the supported org	anization(s).				
	(i) N	lame of supporte	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	ir governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(A)									
(B)									
(C)									
(D)									
(E)									
Total									
	perw	ork Reduction	on Act Notice. see fl	ne Instructions for	Form 990 or 990-EZ.			l Sc	 hedule A (Form 990) 202
EEA			,						(

Schedul	e A (Form 990) 2023 VALENTINES	DAY WIDOW	OUTREACH CO)		87-4767409	Page 2
Part							
	(Complete only if you checked th						lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	te Part III.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						_
Section	on B. Total Support	I			l		
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
•	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
11	Gross receipts from related activities, etc.					12	
12	First 5 years. If the Form 990 is for the org						2)
13	-						·
Section	organization, check this box and stop here on C. Computation of Public Suppor					<u></u>	· · · · · · L
14	Public support percentage for 2023 (line 6			1 column (f))		14	%
14						14	%
15 16a	Public support percentage from 2022 Sch 33 1/3% support test - 2023. If the organize					-	
104							
b	box and stop here. The organization quali						
b	33 1/3% support test - 2022. If the organiz						
47.	this box and stop here . The organization of						
17a	10%-facts-and-circumstances test - 202	-					
	10% or more, and if the organization meet						
	Part VI how the organization meets the factor			-	-		_
	organization						_
b	10%-facts-and-circumstances test - 202	•					
	15 is 10% or more, and if the organization					-	-
	in Part VI how the organization meets the			-			
	organization						
18	Private foundation. If the organization did	I not check a be	ox on line 13, 1	6a, 16b, 17a, c	or 17b, check th	nis box and see	
	instructions	<u></u> .	<u></u> .	<u></u> .	<u></u> .		
EEA						Schedule /	A (Form 990) 2023

Part							
	(Complete only if you checked th			•			nder Part II.
	If the organization fails to qualify	under the tes	sts listed belo	ow, please co	mplete Part I	l.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")					66,408	66,408
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
~	organization without charge						
6 7-	Total. Add lines 1 through 5					66,408	66,408
7a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
~	or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
0	Public support. (Subtract line 7c from						
Socti	line 6.)						66,408
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(a) 2019	(b) 2020		(u) 2022		
10a	Gross income from interest, dividends,					66,408	66,408
iva	payments received on securities loans, rents,						
	royalties, and income from similar sources					88	
b	Unrelated business taxable income (less					80	88
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b					88	00
11	Net income from unrelated business						88
••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						+
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						+
	and 12.)	0		0		66,496	66,496
14	First 5 years. If the Form 990 is for the org	-	t. second. third		i tax vear as a		
	organization, check this box and stop here				•		
Secti	on C. Computation of Public Suppor						<u></u>
15	Public support percentage for 2023 (line 8			3. column (f))		15	%
16	Public support percentage from 2022 Sch		•	•••••		16	%
	on D. Computation of Investment Ind					-	
17	Investment income percentage for 2023 (lin			/ line 13. colum	n (f))	17	%
18	Investment income percentage from 2022		•			18	%
19a	33 1/3% support tests - 2023. If the organ					e than 33 1/39	
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests - 2022. If the organization	-	-	-		••••	
	line 18 is not more than 33 1/3%, check this box a						П
20	Private foundation. If the organization did	-					ions 🗍

VALENTINES DAY WIDOW OUTREACH CO

Page 3

87-4767409

Schedule A (Form 990) 2023

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

9	Pan	v.)	
		Yes	No
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			105	110
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Cast	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		Vee	Na
4			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Socti	the supported organization(s). on D. All Type III Supporting Organizations			
0000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		105	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
•	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions	;).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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Schedule A (Form 990) 2023 VALENTINES DAY WIDOW OUTREACH CO

Part IV Supporting Organizations (continued)

Page 5

Yes No

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action A - Adjusted wet income (A) Prior Year (optional) 1 Net short-term capital gain 1 (optional) 2 Recoveries of prior-year distributions 2 (optional) 3 Other gross income (see instructions) 3 4 (optional) 4 Add lines 1 through 3. 4 (optional) (optional) 5 Depreciation and depletion 5 (optional) (optional) 6 Portion of operating expenses paid or incurred for production or collection of other expenses (see instructions) 6 (optional) 7 Other expenses (see instructions) 6 (optional) (b) Current Year (optional) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (optional) (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a (optional) 1 Aggregate fair market value of other non-exempt-use assets 1c (optional) 1 Aggregate fair market value of other non-exempt-use assets 1c d (optional) 4 Dector of all ines 1a, 1b, and 1c) 1d d	Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
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7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization		•	6		
	7		-	tegrated Type III support	ing organization
		(see instructions).	.,	5	5 - 5

VALENTINES DAY WIDOW OUTREACH CO

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Page 6

87-4767409

-	e A (Form 990) 2023 VALENTINES DAY WIDOW OUTR				7409 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continue	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supporte	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) -	provide details in Part \	/I)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
-	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Evenes from 2010				
-	E				
	Evenes from 2021				
	E				
	F (0000				
e	Excess from 2023				

Schedule A (Form 990) 2023

	olili 990) 2023
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	the state of the s
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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Attack to porm 000 er com 000 er	SCHEDULE G		Supplement	OMB No. 1545-0047						
Instrum Control Importion Name of the organization Import of the organization 87-4767409 Part // Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. 87-4767409 Part // Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. 87-4767409 Implement whether the organization raised funds through any of the following activities. Check all that apply. 8 Implement and email solicitations Implement and email solicitations 9 Implement and email solicitations Implement and email solicitations 9 Implement and email solicitations Implement and email solicitations 9 Special fundraising services? Implement is to be complement with any individual (including officers, directors, trustees, or rkey employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Implement is to be complement with any individual (including officers, directors, trustees, or reintly (fundraiser) pursuant to agreement sunder which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual intervity (ii) Activity (iii) Continuities in the intervity in connection with professional fundraiser) (iii) Activity intervity in connection with professional fundraiser) (i) Name and address of individual individual intervity intero	(Form 990)		Complete if	2023						
	Department of the Treasury									
Pandla Sing Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e b Internet and email solicitations f Solicitation of government grants c Dhone solicitations g Special fundraising events d Internet and email solicitations f Solicitation of government grants d Internet and email solicitations f Solicitation of government grants d Internet and email solicitations f Solicitation of government grants d Internet and email solicitations f Solicitation of government grants d Internet and email solicitations f Solicitation of government grants d Internet solicitations g Cycles fundamising events model d Internet solicitation (i) Amount paid to (created by) (contributions) (vi) Amount paid to (created by) (contributions) (vi) Amount paid to (created by) (contributions) f Internet solicitations g governet solicitation governe									Employer identifie	
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Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Isolicitations e b Internet and email solicitations f c Phone solicitations g d Inperson solicitations g d Information three organization have a written or oral agreement with any individual (including officers, threes) g or tergenization have a written or oral agreement with any individual (including officers, threes) (f) Amount paid to (or retained by) (or retained to) (or retained by) (or		t I Fundrais	sing Activities.	Complete if th	ne organiza	ation ansv	vered "Yes" on I	Form	990. Part IV	. line 17.
a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events d Internet and events of individual so rentities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. f Internet and events of individual for events (W) Amount paid to (or retained by) organization g Internet and events (W) Anount paid to (or retained by) organization (W) Amount paid to (or retained by) organization 1 Yes No Internet and events Internet and events Internet and events 3 Internet and even			-	•	-)	,
b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising sevices? I ves No b If "Ves," list the 10 individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Did fundraiser have control of control	1	Indicate whether the organization raised funds through any of the following activities. Check all that apply.								
c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events Image: special fundraising events 2a Did hor organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Image: special fundraiser have is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraisers have is compensated at least \$5,000 by the organization. (iii) Did fundraiser have is contributions? (iv) Amount paid to (or retained by) fundraiser is beed in (or retained by) fundraiser is beed in (or retained by) organization. 1 Yes No Image: special fundraiser have is contributions? (iv) Gross receipts from advity fundraiser have is contributions? (v) Amount paid to (or retained by) organization. 1 Yes No Image: special fundraiser have is contributions? (v) Amount paid to (or retained by) organization. 3 Image: special fundraiser have is contributions? Yes No Image: special fundraiser have is contributions? 4 Image: special fundraiser have is contributions	а	Mail solicitation	ns		e		-	-	6	
d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, firectors, trustees, or key yemplyces listed in Form 980, Part VIII) or entity in connection with professional fundraising services? Image: Content of Conten of Content of Content of C	b	Internet and er	mail solicitations		f			ts		
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or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Image: The main service of th	d	In-person solic	citations							
b If "Yes," is the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Did fundraiser have custody or control of control	2a	Did the organizati	on have a written or	oral agreement wi	th any individ	ual (including	officers, directors, tr	rustee	es,	
compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Did fundraiser have custody or control of contributors? (iv) Gross receipts from activity (iv) Amount paid to (or retained by) fundraiser itsed in col. (i) 1 Yes No (vi) Amount paid to (or retained by) fundraiser itsed in col. (i) (vi) Amount paid to (or retained by) organization 2 No Yes No Image: Color (interview) (vi) Amount paid to (or retained by) organization 3 Image: Color (interview) Yes No Image: Color (interview) (vi) Amount paid to (or retained by) organization 4 Image: Color (interview) Yes No Image: Color (interview) (vi) Amount paid to (or retained by) organization 5 Image: Color (interview) Yes No Image: Color (interview) (vi) Amount paid to (or retained by) organization 6 Image: Color (interview) Image: Color (in		or key employees	listed in Form 990,	Part VII) or entity i	n connection	with profession	onal fundraising serv	ices?		Yes No
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) (v) Amount paid to (or retained by) organization 1 Yes No Image: Second	b	If "Yes," list the 10) highest paid individ	uals or entities (fu	ndraisers) pur	rsuant to agre	ements under which	n the f	undraiser is to be	•
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Yes No col. (i) organization 1 Yes No				(ii) Activity	custody o	r control of				(or retained by)
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2					Yes	No				
3 Image: Ima	1									
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6 7 8 9 10 Total · · · · · · · · · · · · · · · · · · ·	4									
6 7 8 9 10 Total · · · · · · · · · · · · · · · · · · ·										
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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	10									
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Pa	rt II	j	÷			-
		than \$15,000 of fundraising		d gross income on Form	1 990-EZ, lines 1 and 6b	. List events with
		gross receipts greater than	\$5,000. (a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			(event type)	(event type)	(total number)	(add col. (a) through col. (c))
anı						
Revenue	1	Gross receipts				
ш	2	Less: Contributions				
	3	Gross income (line 1				
		minus line 2) • • • • • • • • • • • •				
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add line				
Pa	11 rt II	Net income summary. Subtract line Gaming. Complete if the org			/ line 19 or reported ma	 ore than
		\$15,000 on Form 990-EZ, li	-			
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	│	
	7	Direct expense summary. Add lines	s 2 through 5 in column (d)			
	8	Net gaming income summary. Sub	tract line 7 from line 1, colu	mn (d) • • • • • • • • • •		
	a l	Enter the state(s) in which the organiza s the organization licensed to conduct f "No," explain:		f these states?		Yes 🗌 No
	-					
10		Vere any of the organization's gaming f "Yes," explain:	licenses revoked, suspend	-	e tax year?	Yes No

SCHEI	DULE	0
(Form	990)	

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 Form 990-EZ.

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

OMB No. 1545-0047 2023 Open to Public Inspection

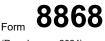
Department of the Treasury Internal Revenue Service

Name of the organization

VALENTINES DAY WIDOW OUTREACH CO

01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT DIRECT PROGRAM EXPENSES 34,291

Employer identification number 87-4767409



(Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (*e-file*). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification								
Type or	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)						
print VALENTINES DAY WIDOW OUTREACH CO 87-4767409								
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.							
due date for	5526 FIVE KNOLLS DRIVE							
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
instructions.	CHARLOTTE NC 28226							

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For		Application Is For	Return
	Code		Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name

Plan Number

Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in	n the care of ASHLEY	E MANNING,	5526	FIVE	KNOLLS	DRIVE	CHARLOTTE	NC	28226
	412-974-3303			Fax					
If the organization does not have an office or place of husiness in the United States, shock this have									

• If the organization does not have an onice of place of business in the United States, check this box		
 If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) 		
for the whole group, check this box	and attach	
a list with the names and TINs of all members the extension is for.		

1	I request an automatic 6-month extension of time	until	11-15	, 20 <u>24</u>	, to file the exempt organization return for
	the organization named above. The extension is f	for the orga	nization's returr	n for:	
	🗴 calendar year 20 <u>23</u> or				
	🗌 tax year beginning	. 20	and endin	a	, 20

2	If the tax year entered in line 1 is for less than 12 months, check reason:	🗴 Initial return	Final return
	Change in accounting period		

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	
a n Dui	Privacy Act and Denemyork Reduction Act Notice, and instructions			