Form **1023-EZ**

Department of the Treasury

Internal Revenue Service

(Rev. June 2014)

Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

OMB No. 1545-0056

Do not enter Social Security numbers on this form as it will be made public.

Note: If exempt status is approved, this application will be open for public inspection.

Information about Form 1023-EZ and its separate instructions is at <u>www.irs.gov/form1023</u>

Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet in the current instructions, are eligible to apply for exemption using Form 1023-EZ, and have read and understand the requirements to be exempt under section 501(c)(3).

Part I	Identification of Applica	nt										
1a	Full Name of Organization											
	WOMEN OF CONNECTIONS MINIST											
b	 Mailing Address (number, street, and room/suite). If a P.O. box, 5730A THORNDAL LANE 				-				d State VA	· · · · · · · · · · · · · · · · · · ·		
2	2Employer Identification Number3Month Tax Year46-282514006				ds (MM) 4 Person to Contact if More Information is AANUOLUWAPO ADEWUSI							
5 Contact Telephone Number						6 Fax Number (optional)			7 Use	7 User Fee Submitted		
804-467-9684									\$2	\$275.00		
8	List the names, titles, and mailing addre	esses of yo	ur officers, di	rectors, and/	or trus	tees. (If you have r	more		instruction	S.)		
First Na	^{me:} AANU-OLUWAPO	Last Name:	ADEWU	SI Title: 1			^{Title:} DIRE	IRECTOR / PRESIDENT				
Street Address: 5730A THORNDAL LANE			1	^{City:} RIC	HMOND			^{ite:} VA	Zipo	Zip code + 4: 23225-0000		
First Na	^{me:} OLUWASEUN		Last Name:	AFOLAY	AN			Title: SECI	RETARY/A	DMINISTRATIVE ASSISTANT		
Street A	ddress: 5730A THORNTON LANE			^{City:} RIC	HMO	ND	Sta	^{ite:} VA	Zipo	:ode + 4: 23231-0000		
First Na	^{me:} OMER		Last Name:	KUNGA				Title: HUN	/AN SERVI	CES COORDINATOR		
Street A	ddress: 5730A THORNDAL LANE			^{City:} RIC	HMO	ND	Sta	^{ite:} VA	Zipo	:ode + 4: 23225-0000		
First Na	^{me:} ROBERT		Last Name:	HENRRY				^{Title:} DIRE	CTOR OF	YOUTH DEVELOPMENT		
Street A	ddress: 7760 NATHAN LANE			City: NO	RTH C	HESTERFIELD	Sta	^{ite:} VA	Zipo	code + 4: 23235-0000		
First Na	^{me:} CHRIS		Last Name:	AKINOL	INOLA Title: DIR			Title: DIRE	ECTOR FOR CULTURAL ENRICHMENT			
Street A	ddress: 8701 PROCTORS RUN DR			City: NO	RTH C	HESTERFIELD	Sta	^{ite:} VA	Zipo	:ode + 4: 23237-0000		
9a	9a Organization's Website (if available): WWW.MYWOC.ORG											
b	Organization's Email (optional):		C1MINISTRY	@GMAIL.CC	M							
Part II	Organizational Structure											
1 To file this form, you must be a corporation, an unincorporated association, or a trust. Select the box for the type of organization.												
	Corporation O Unincorporated association O Trust											
2	2 Check this box to attest that you have the organizing document necessary for the organizational structure indicated above. (See the instructions for an explanation of necessary organizing documents.)											
3	Date incorporated if a corporation, or fo	ormed if o	ther than a co	rporation (M	MDDY	YYY):		02262014				
4												
5												
	Check this box to attest that you	r organizir	ng document	contains this	limita	tion.						
6	 Section 501(c)(3) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.											
					• •		nac	ao otherwise i	han as ar !	ncubstantial part of your		
	Check this box to attest that your organizing document does not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.									nsubstantial part of your		
7	Section 501(c)(3) requires that your organizing document must provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.											
	Check this box to attest that your express dissolution provision in your dissolution provision.											

Part II	Your Specific Activities				Page 2							
1	Enter the appropriate 3-character NTEE Code that best describes your activities (See the instructions): Z99											
2	To qualify for exemption as a section 501(c)(3) organization, you must be organized and operated exclusively to further one or more of the following purposes. By checking the box or boxes below, you attest that you are organized and operated exclusively to further the purposes indicated. Check all that apply .											
	Charitable	Charitable Religious Educational										
	Scientific	Literary	Testing for public safety	Testing for public safety								
	To foster national or international amate	Prevention of cruelty to a	Prevention of cruelty to children or animals									
3 To qualify for exemption as a section 501(c)(3) organization, you must:												
 Refrain from supporting or opposing candidates in political campaigns in any way. 												
	Ensure that your net earnings do not inure in whole or in part to the benefit of private shareholders or individuals (that is, board members, officers, k management employees, or other insiders).											
	Not further non-exempt purposes (such as purposes that benefit private interests) more than insubstantially.											
	Not be organized or operated for the primary purpose of conducting a trade or business that is not related to your exempt purpose(s).											
	Not devote more than an insubstantial part of your activities attempting to influence legislation or, if you made a section 501(h) election, not normally expenditures in excess of expenditure limitations outlined in section 501(h).											
	Check this box to attest that you have not conducted and will not conduct activities that violate these prohibitions and restrictions.											
4	Do you or will you attempt to influence legisla (If yes, consider filing Form 5768. See the instr	vill you attempt to influence legislation?										
5	Do you or will you pay compensation to any c (Refer to the instructions for a definition of co	Yes Yes	◯ No									
6	Do you or will you donate funds to or pay exp	you or will you donate funds to or pay expenses for individual(s)?										
7	Do you or will you conduct activities or provio States?	Yes	◯ No									
8	Do you or will you engage in financial transac or trustees, or any entities they own or contro	⊖ Yes	🕢 No									
9	Do you or will you have unrelated business gr	you or will you have unrelated business gross income of \$1,000 or more during a tax year?										
10	Do you or will you operate bingo or other gar	◯ Yes	🕢 No									
11	Do you or will you provide disaster relief?			Yes	◯ No							

Part IV Foundation Classification

Part IV is designed to classify you as an organization that is either a private foundation or a public charity. Public charity status is a more favorable tax status than private foundation status.

- 1 If you qualify for public charity status, check the appropriate box (1a 1c below) and skip to Part V below.
 - a Select this box to attest that you normally receive at least one-third of your support from public sources or you normally receive at least 10 percent of your support from public sources and you have other characteristics of a publicly supported organization. Sections 509(a)(1) and 170(b)(1)(A)(vi).
 - b Select this box to attest that you normally receive more than one-third of your support from a combination of gifts, grants, contributions, membership fees, and gross receipts (from permitted sources) from activities related to your exempt functions and normally receive not more than one-third of your support from investment income and unrelated business taxable income. Section 509(a)(2).
 - c O Select this box to attest that you are operated for the benefit of a college or university that is owned or operated by a governmental unit. Sections 509(a)(1) and 170(b)(1)(A)(iv).
- 2 If you are not described in items 1a 1c above, you are a private foundation. As a private foundation, you are required by section 508(e) to have specific provisions in your organizing document, unless you rely on the operation of state law in the state in which you were formed to meet these requirements. These specific provisions require that you operate to avoid liability for private foundation excise taxes under sections 4941-4945.
 - Select this box to attest that your organizing document contains the provisions required by section 508(e) or that your organizing document does not need to include the provisions required by section 508(e) because you rely on the operation of state law in your particular state to meet the requirements of section 508(e). (See the instructions for explanation of the section 508(e) requirements.)

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Part V Reinstatement After Automatic Revocation

Complete this section only if you are applying for reinstatement of exemption after being automatically revoked for failure to file required annual returns or notices for three consecutive years, and you are applying for reinstatement under section 4 or 7 of Revenue Procedure 2014-11. (Check only one box.)

- 1 Check this box if you are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By checking this box, you attest that you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. (See the instructions for requirements.)
- 2 Check this box if you are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you are filling this application.

Part VI Signature

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, and to the best of my knowledge it is true, correct, and complete.

AANU-OLUWAPO ADEWUSI

(Type name of signer)

DIRECTOR / PRESIDENT

(Type title or authority of signer)

(Date)

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