

**Return of Organization Exempt From Income Tax**

**2021**

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2021 calendar year, or tax year beginning** Jul 1 , 2021, and ending Jun 30 , 2022

|  |  |            |   |
|--|--|------------|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>ROTARY INTERNATIONAL 6690 DISTRICT                            |            | <b>D</b> Employer identification number<br>36-3986056 |
|  | Number and street (or P.O. box if mail is not delivered to street address)<br>PO BOX 387       | Room/suite | <b>E</b> Telephone number<br>6145829438               |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>HILLIARD, OH 43026 |            | <b>F</b> Group Exemption Number ▶                     |
|  |  |            |   |

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_ **H** Check  if the organization is not required to attach Schedule B (Form 990).

**I Website:** ▶ N/A

**J Tax-exempt status** (check only one) –  501(c)(3)  501(c) ( 4 ) ◀ (insert no.)  4947(a)(1) or  527

**K Form of organization:**  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 102,506.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

|   |  |           |          |
|---|--|-----------|----------|
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .  | <b>1</b>  | 96,570.  |
|   | <b>2</b> Program service revenue including government fees and contracts . . . . .   | <b>2</b>  |          |
|   | <b>3</b> Membership dues and assessments . . . . .   | <b>3</b>  |          |
|   | <b>4</b> Investment income . . . . .   | <b>4</b>  | 325.     |
|   | <b>5a</b> Gross amount from sale of assets other than inventory . . . . .  | <b>5a</b> |          |
|   | <b>b</b> Less: cost or other basis and sales expenses . . . . .  | <b>5b</b> |          |
|   | <b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .   | <b>5c</b> |          |
|   | <b>6</b> Gaming and fundraising events:  |           |          |
|   | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .   | <b>6a</b> |          |
| <b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . | <b>6b</b>  |           |          |
| <b>c</b> Less: direct expenses from gaming and fundraising events . . . . .   | <b>6c</b>  |           |          |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .   | <b>6d</b>  |           |          |
| <b>7a</b> Gross sales of inventory, less returns and allowances . . . . .   | <b>7a</b>  |           |          |
| <b>b</b> Less: cost of goods sold . . . . .   | <b>7b</b>  |           |          |
| <b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .   | <b>7c</b>  |           |          |
| <b>8</b> Other revenue (describe in Schedule O) . . . . . See Line 8 Stmt.  | <b>8</b>   | 5,611.    |          |
| <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶   | <b>9</b>   | 102,506.  |          |
| <b>Expenses</b>   | <b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .   | <b>10</b> |          |
|   | <b>11</b> Benefits paid to or for members . . . . .  | <b>11</b> |          |
|   | <b>12</b> Salaries, other compensation, and employee benefits . . . . .  | <b>12</b> |          |
|   | <b>13</b> Professional fees and other payments to independent contractors . . . . .  | <b>13</b> |          |
|   | <b>14</b> Occupancy, rent, utilities, and maintenance . . . . .  | <b>14</b> |          |
|   | <b>15</b> Printing, publications, postage, and shipping . . . . .  | <b>15</b> | 258.     |
|   | <b>16</b> Other expenses (describe in Schedule O) . . . . . See Line 16 Stmt.  | <b>16</b> | 108,545. |
| <b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶   | <b>17</b>  | 108,803.  |          |
| <b>Net Assets</b>   | <b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .  | <b>18</b> | -6,297.  |
|   | <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . | <b>19</b> | 269,716. |
|   | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | <b>20</b> |          |
|   | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶  | <b>21</b> | 263,419. |

For Paperwork Reduction Act Notice, see the separate instructions.

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|   | (A) Beginning of year | (B) End of year    |
|---|-----------------------|--------------------|
| <b>22</b> Cash, savings, and investments . . . . .  | 369,944.              | <b>22</b> 340,459. |
| <b>23</b> Land and buildings . . . . .  |                       | <b>23</b>          |
| <b>24</b> Other assets (describe in Schedule O) . . . . .   | 3,737.                | <b>24</b> 1,099.   |
| <b>25</b> <b>Total assets</b> . . . . .   | 373,681.              | <b>25</b> 341,558. |
| <b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .   | 103,965.              | <b>26</b> 78,139.  |
| <b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . . | 269,716.              | <b>27</b> 263,419. |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? TO ENCOURAGE AND FOSTER THE IDEA OF SERVICE AS A BASIS OF WORTHY ENTERPRISE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

|   |            |         |
|---|------------|---------|
| <b>28</b> CONFERENCE AND SEMINARS - THE DISTRICT SPONSORS CONFERENCES AND SEMINARS THAT ALLOW LOCAL CLUB MEMBERS TO GAIN INVALUABLE LEADERSHIP SKILLS, KNOWLEDGE ABOUT THE WORLD COMMUNITY, AND HOW TO UTILIZE AVAILABLE RESOURCES TO ACCOMPLISH THE CHARITABLE AND HUMANITARIAN OBJECTIVES OF ROTARY (i.e. SERVICE)<br>(Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>28a</b> | 57,482. |
| <b>29</b> TRAINING AND CONTINUITY - TRAINING OF LEADERSHIP TO INSURE CONTINUITY IN THE ORGANIZATION AT THE DISTRICT LEVEL. CONFERENCES, SEMINARS AND VISION TRAINING FOCUSING ON THE CHARITABLE AND HUMANITARIAN OBJECTIVES OF ROTARY (i.e. SERVICE)<br>(Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>29a</b> | 6,167.  |
| <b>30</b> PROGRAMS - MULTIPLE PROGRAMS THAT BENEFIT YOUTH. THE SEPERATE PROGRAMS ADDRESS DIFFERENT AGE BRACKETS TO ENCOURAGE VOLUNTEERISM AND ULTIMATELY PROVIDE LEADERSHIP TRAINING TO YOUNG ADULTS. PROGRAMS ALSO INCLUDE FACILITATING YOUTH EXCHANGE PROGRAMS.<br>(Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>30a</b> | 24,691. |
| <b>31</b> Other program services (describe in Schedule O) . . . . .<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>31a</b> |         |
| <b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .   | <b>32</b>  | 88,340. |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title                      | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|--|---|---|--|
| Mary Jane Shackelford<br>DIST GOVERNOR  | 25.00  | 0.  | 0.  | 0.   |
| Finley Price<br>DIST GOV ELECT          | 15.00  | 0.  | 0.  | 0.   |
| Gary Uhl<br>DIST GOV NOMINE             | 10.00  | 0.  | 0.  | 0.   |
| John Vogelpohl<br>DIST TREASURER        | 10.00  | 0.  | 0.  | 0.   |
| FRANCES M. VEVERKA<br>DIST SECRETARY    | 10.00  | 0.  | 0.  | 0.   |
| STEVE HEISER<br>Immediate Past Dist Gov | 1.00   | 0.  | 0.  | 0.   |
| GARY BAKER<br>DIST GOV NOMINE DESIGNATE | 10.00  | 0.  | 0.  | 0.   |
|   |  |   |   |  |
|   |  |   |   |  |
|   |  |   |   |  |
|   |  |   |   |  |
|   |  |   |   |  |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

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
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
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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of JOHN VOGELPOHL Telephone no. (614) 582-9438 Located at PO BOX 387, HILLIARD OH ZIP + 4 43026
42b 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 account)? 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).
42c At any time during the calendar year, did the organization maintain an office outside the United States? 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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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 Form 990-EZ. See instructions

|  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | 46         | X         |

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

|  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
| <b>47</b> 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 . . . . .   | 47         |           |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | 48         |           |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | 49a        |           |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | 49b        |           |
| <b>50</b> Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." |            |           |

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|--|---|--|
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  Yes  No

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.

|                  |                                  |      |
|------------------|----------------------------------|------|
| <b>Sign Here</b> | ▶ Signature of officer           | Date |
|                  | ▶ John Vogelpohl, DIST TREASURER |      |
|                  | ▶ Type or print name and title   |      |

|                               |  |                          |            |  |           |
|-------------------------------|--|--------------------------|------------|--|-----------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                             | Preparer's signature     | Date       | Check <input checked="" type="checkbox"/> if self-employed | PTIN      |
|                               | William D. Riddle, CPA                                 | William D. Riddle, CPA   | 10/27/2022 |  | P01246235 |
|                               | Firm's name ▶ WILLIAM D. RIDDLE CPA                    | Firm's EIN ▶ 31-1229311  |            |  |           |
|                               | Firm's address ▶ 3106 HYDE PARK CT, HILLIARD, OH 43026 | Phone no. (614) 876-4264 |            |  |           |

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

**Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Line 8: Other Revenue**

**Continuation Statement**

| Description          | Amount |
|----------------------|--------|
| MISCELLANEOUS INCOME | 5,611. |
| <b>Total</b>         | 5,611. |

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Line 16: Other Expenses**

**Continuation Statement**

| Description                           | Amount   |
|---------------------------------------|----------|
| SOFTWARE                              | 692.     |
| CONFERENCES, CONVENTIONS AND MEETINGS | 57,482.  |
| OFFICE EXPENSE                        | 658.     |
| CREDIT CARD PROCESSING                | 1,417.   |
| INSURANCE BOND                        | 341.     |
| PROGRAMS                              | 24,691.  |
| MISCELLANEOUS EXPENSES                | 91.      |
| PINS AND BADGES                       | 8,861.   |
| DISTRICT GOVERNOR EXPENSE             | 2,249.   |
| ASSISTANT GOVERNOR EXPENSE            | 292.     |
| DISTRICT WEBSITE                      | 3,390.   |
| TRAINING                              | 6,167.   |
| COMMUNICATION INITIATIVE              | 2,214.   |
| <b>Total</b>                          | 108,545. |

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

ROTARY INTERNATIONAL 6690 DISTRICT

Employer identification number

36-3986056

Pt I, Line 8:

Description: MISCELLANEOUS INCOME \$5,611

Pt I, Line 16:

Description: SOFTWARE \$692

Description: CONFERENCES, CONVENTIONS AND MEETINGS \$57,482

Description: OFFICE EXPENSE \$658

Description: CREDIT CARD PROCESSING \$1,417

Description: INSURANCE BOND \$341

Description: PROGRAMS \$24,691

Description: MISCELLANEOUS EXPENSES \$91

Description: PINS AND BADGES \$8,861

Description: DISTRICT GOVERNOR EXPENSE \$2,249

Description: ASSISTANT GOVERNOR EXPENSE \$292

Description: DISTRICT WEBSITE \$3,390

Description: TRAINING \$6,167

Description: COMMUNICATION INITIATIVE \$2,214

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

For calendar year 2021, or fiscal year beginning Jul 1, 2021, and ending Jun 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

|   |                                 |
|---|---------------------------------|
| Name of filer<br><b>ROTARY INTERNATIONAL 6690 DISTRICT</b>                                  | EIN or SSN<br><b>36-3986056</b> |
| Name and title of officer or person subject to tax<br><b>John Vogelpohl, DIST TREASURER</b> |                                 |

## 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. 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.

|  |   |                           |
|--|---|---------------------------|
| <b>1a</b> Form 990 check here . . . ▶ <input type="checkbox"/>               | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . | <b>1b</b> _____           |
| <b>2a</b> Form 990-EZ check here . . . ▶ <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . .                  | <b>2b</b> <u>102,506.</u> |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>                | <b>b</b> Total tax (Form 1120-POL, line 22) . . . . .                           | <b>3b</b> _____           |
| <b>4a</b> Form 990-PF check here . . . ▶ <input type="checkbox"/>            | <b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) . . .     | <b>4b</b> _____           |
| <b>5a</b> Form 8868 check here . . . ▶ <input type="checkbox"/>              | <b>b</b> Balance due (Form 8868, line 3c) . . . . .                             | <b>5b</b> _____           |
| <b>6a</b> Form 990-T check here . . . ▶ <input type="checkbox"/>             | <b>b</b> Total tax (Form 990-T, Part III, line 4) . . . . .                     | <b>6b</b> _____           |
| <b>7a</b> Form 4720 check here . . . ▶ <input type="checkbox"/>              | <b>b</b> Total tax (Form 4720, Part III, line 1) . . . . .                      | <b>7b</b> _____           |
| <b>8a</b> Form 5227 check here . . . ▶ <input type="checkbox"/>              | <b>b</b> FMV of assets at end of tax year (Form 5227, Item D) . . . . .         | <b>8b</b> _____           |
| <b>9a</b> Form 5330 check here . . . ▶ <input type="checkbox"/>              | <b>b</b> Tax due (Form 5330, Part II, line 19) . . . . .                        | <b>9b</b> _____           |
| <b>10a</b> Form 8038-CP check here ▶ <input type="checkbox"/>                | <b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)   | <b>10b</b> _____          |

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

Under penalties of perjury, I declare that  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 2021 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

I authorize \_\_\_\_\_ to enter my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 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 2021 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.

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 1 | 4 | 9 | 9 | 8 | 3 | 1 | 4 | 9 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 ▶ \_\_\_\_\_ Date ▶ 10/27/2022

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