Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Α	For the	2021 calendar	r year, or tax year beginning	, 2021, and end	ding		, 20
В	Check if	applicable:	C Name of organization	****		Employer id	lentification number
Ш	Address	change	p.o,o	81-3382807			
Ш	Name ch	ange	HELPING HANDS ENDING HUNGER INC Number and street (or P.O. box if mail is not delivered to street ad	dress)	Room/ E	Telephone n	Committee of the Commit
	Initial ret	urn			suite	releptione in	umber
П	Final retu	ırn/terminated	2014 S LONG HOLLOW RD	1			(706) 844-4014
П	Amende	d return	Group Exem				
П	Applicati	on pending	City or town, state or province, country, and ZIP or fore $\ensuremath{\text{TRION}}$ GA 30753	igii postai ocac	- 1	Number >	puon
G	Accoun	ting Method:	X Cash		H Cher		organization is not
ı	Website		INGHANDSENDINGHUNGER.ORG				
J	Tax-ex	empt status (ch		4947(a)(1) or 52		ired to attach S	Schedule B
-		organization:	Corporation Trust Association	Other	/ (FOII	m 990).	
			b to line 9 to determine gross receipts. If gross receipts a		acro or if	tatal access	
	(Part II	column (B)) are	\$500,000 or more, file Form 990 instead of Form 990-EZ	re \$200,000 or n	nore, or ir	iotai assets	1.00.000
P	art I	Revenue	Expenses and Changes in Not Assets as	Fred Deles	******	> §	160,990
	a	Check if the or	Expenses, and Changes in Net Assets or	rung Balang	ces (see t	the instructions	s for Part I)
	1	Contributions	rganization used Schedule O to respond to any question	in this Part I		* * * * * * * * * * * *	
	2		s, gifts, grants, and similar amounts received				160,990
			vice revenue including government fees and contracts				
	3		dues and assessments				
	4		icome			4	
	58		nt from sale of assets other than inventory				
	k						
		, , , , , , , , , , , , , , , , , , ,	5c				
	6	Gaming and f					
	, a	Gross income	e from gaming (attach Schedule G if greater than				
2	Ĭ	\$15,000)		6a			
o do voc	k k	Gross income	e from fundraising events (not including \$	of co	ntributions		
ď	=		ing events reported on line 1) (attach Schedule G if the				
			gross income and contributions exceeds \$15,000)	6b			
	0		xpenses from gaming and fundraising events				
	0		r (loss) from gaming and fundraising events (add lines 6a		otract		
			3 9 19 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			6d	
	7a		f inventory, less returns and allowances				
	b		goods sold				
	c		r (loss) from sales of inventory (subtract line 7b from line			70	
	8		e (describe in Schedule O)				
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				160,990
	10		milar amounts paid (list in Schedule O)				160,990
	11		to or for members				
ų	17.000		r compensation, and employee benefits				
20	13						
Fxnenses	14		ees and other payments to independent contractors			_ =====================================	13,370
ú			ent, utilities, and maintenance				
	15		ications, postage, and shipping				
	16	Total	es (describe in Schedule O)			16	111,929
-	17	Total expens	es. Add lines 10 through 16			▶ 17	125,299
y.	18	⊏xcess or (de	ficit) for the year (subtract line 17 from line 9)			18	35,691
Net Assets	19	net assets or	fund balances at beginning of year (from line 27, column	(A)) (must agree	with		
Ā		end-ot-year fi	igure reported on prior year's return)			19	60,654
S		Other changes	s in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets or t	fund balances at end of year. Combine lines 18 through 2	20	****	> 21	96.345

P	art II	Balance Sheets (see the	ne instructio	ons for Part II)					, ago <u>r</u>
		Check if the organization use	ed Schedul	e O to respond to any	question in this	s Part II		2002	The state of the s
				-			inning of year		(B) End of year
22	Cash	, savings, and investments				(14) 209	60,654	22	96,345
23		and buildings					0	23	0
24		assets (describe in Schedule					0	24	
25		assets					60,654	25	96,345
26	Total	liabilities (describe in Sched	dule O)				0	26	0 0
27		ssets or fund balances (line					60,654	255550	96,345
P	art III	Statement of Progra				instruction			Expenses
as i per	measure sons be	Check if the organization upon content organization's primary exemple organization's program served by expenses. In a clear and nefited, and other relevant inf ATTACHMENT	used Sched of purpose? vice accomp d concise m	lule O to respond to ar SEE ATTACH olishments for each of	ny question in t	his Part III		50° org	equired for section 1(c)(3) and 501(c)(4) janizations; optional others.)
29	(Grants	\$)	If this amou	unt includes foreign gr	ants, check her	e		28a	X.
30	(Grants	\$)	If this amou	unt includes foreign gra	ants, check her	е		29a	i
	(Grants	\$)	If this amou	unt includes foreign gra	ants, check her	e	▶ □	30a	
31	Other p	rogram services (describe in	Schedule C))					
	(Grants	\$	If this amou	unt includes foreign gra	ants, check her	е	▶ □ │	31a	
32	Total p	rogram service expenses (a	add lines 28	a through 31a)		***		32	
Pē	art IV	List of Officers, Directors Check if the organization u	s, Trustees used Sched	, and Key Employees ule O to respond to ar	(list each one ly question in t	even if not nis Part IV.	compensated s	ee th	e instructions for Part IV)
		(a) Name and title		(b) Average hours per week devoted to position	(C) Repo compen (Forms W-2/1	ortable sation 099 – MISC/ NEC)	(d) Health benefi contributions to employee benefit pl and deferred compen	ts, ans,	(e) Estimated amount of other compensation
SE	E AT	TACHMENT			(ii ii o paid,	<u> </u>	and deferred compen	Jacion	
							-		

Pa	other Information (Note the Schedule A and personal benefit contract statement requirements in the		Гс	ige
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			[
33	Did the second of the second o		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
34	detailed description of each activity in Schedule O	33		X
J4	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	34		X
	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		X
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		Λ
	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	-		21
	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	Tim		
b	Did the organization file Form 1120-POL for this year?	37b		Х
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		Χ
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9			
40a	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 4911 ► ; section 4912 ► ; section 4955 ► 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		v
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	400		X
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	474		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
e	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 ▶ GA			
42a	The organization's books are in care of ▶ SEE ATTACHMENT Telephone no. ▶			
h	Located at At any time during the calendar year did the arresimation by		T	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	The second	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank			
	and Financial Accounts (FBAR).	7-37		
C	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 ▶	420		Λ
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here	STEP TO STATE OF		▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year			L
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			- 1
	completed instead of Form 990-EZ	44a		Χ
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		Х
q	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			
45a	explanation in Schedule O	44d		
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		Χ
55,73	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		160111	
-	THE REPORT OF THE PROPERTY OF	45h	1	V

Yes

SCHEDULE A

(Form 990)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

HELPING HANDS ENDING HUNGER INC 81-3382807 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 $\frac{1}{3}$ % of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 $\frac{1}{3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of other organization (described on lines 1-10 listed in your governing document? support (see instructions) support (see instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990) 2021

Part II Suppor

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			**		- HASTE	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			97,296	146,403	160,990	404,689
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			97,296	146,403	160,990	404,689
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						404,689
	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4			97,296	146,403	160,990	404,689
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 loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						404,689
12	Gross receipts from related activities, etc. (see					12	70
13	First 5 years. If the Form 990 is for the organi						
	organization, check this box and stop here.						▶ 🗍
	tion C. Computation of Public Sup			10.26 to		-	
14 15	Public support percentage for 2021 (line 6, col						00.00%
15	Public support percentage from 2020 Schedule A, Part II, line 14						
	33 ¹ /3% support test 2021. If the organization did not check the box on line 13, and line 14 is 33 ¹ /3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33 ¹ /3% support test 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ /3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶∏
17a	10%-facts-and-circumstances test 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test 2020 more, and if the organization meets the facts-	and-circumstan	ces test, check the	nis box and stop I	nere Explain in	Part VI how the	
	organization meets the facts-and-circumstance	es test. The org	anization qualifie	s as a publicly su	oported organiza	ation	▶∏
18	Private foundation. If the organization did no	t check a box o	n line 13, 16a, 16	b, 17a, or 17b, ch	eck this box and	d see instructions	▶ ∐
FDA	21 990A2 BWF 990 Form Software Cop	yright 1996 – 2022	2 HRB Tax Group, In	nc.		Schedule A (Fo	

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 for the latest information. OMB No. 1545-0047 2021 Open to Public

Inspection

Name of the organization

HELPING HANDS ENDING HUNGER INC

Employer identification number

81-3382807

TOTAL PROGRAM EXPENSES LESS ACCT. AND ADMIN FEES. -\$111929.

2021 FORM 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III										
OPEN TO PUBLIC				====:			-			74.55
INSPECTION	For calendar	year 2	2021, or tax period be	eginning		. a	nd ending		100	
Name of Organizatio							3		lentification Number	
HELPING HA	ELPING HANDS ENDING HUNGER INC 81-3382807									
	Primary Purpose									
TO EMPOWER	STUDENTS	TO	REPURPOSE	UNOPENED	FOOD	TO	FEED	HUNGRY	FAMILIES	
	- Company									

2021 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

DEN TO BORFIC			AGE 3, PART I		
ISPECTION	For calendar	year 2021, or tax peri	od beginning	, and ending	
ame of Organization		HUNGER INC			Employer Identification Number
Part III - Statement	of Program Service	e Accomplishments			81-3382807
arants and allocation			nt includes foreign grants	Program service e	expenses
			Exempt Purpose Achieve		жронооо
AISED FUND	OS TO HELP	ELIMINATE	HUNGER		

2021 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV OPEN TO PUBLIC INSPECTION For calendar year 2021, or tax period beginning and ending Name of Organization Employer Identification Number HELPING HANDS ENDING HUNGER 81-3382807 (B) Average hours per week devoted to position (A) Name and Title (C) Compensation (D) Cont. to employee (E) Expense account (Form W-2/1099-MISC) (if not paid, enter -0-) ben. plans & def. comp. & other compensation CARLOTTA L HARWARD CEO, CFO, SECRETARY 60.00 0 0 4,174 PAUL GIANNESCHI CHAIRMAN 10.00 0 0 0 ERIN ATWELL HERNANDEZ DIRECTOR 5.00 0 0 0 CATHY REVELL DIRECTOR 25.00 0 0 652 KENDRA STALLINGS DIRECTOR 5.00 0 0 0 LORI VANN DIRECTOR 5.00 0 0 0 SOPHIA HARWARD DIRECTOR 10.00 0 0 0 PEDRO AVILA DIRECTOR 5.00 0 0 0 KIMBERLY JAMES DIRECTOR 5.00 0 0 0

2021 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 4 -	990-EZ PAGE 3, PART V, I	JINE 42A	
OPEN TO PUBLIC			
	calendar year 2021, or tax period beginning	, and ending	20
Name of Organization		Emp	oloyer Identification Number
	INDING HUNGER INC	81-	-3382807
Part V - Line 42a			
T. 10.53 TEST			
individual Name			1000
or Business Name:			
	NDING HUNGER INC		
TIDEL TIMO TIMINDO E	NDING HUNGER INC		
Street Address		2014 S LONG HOLLOW	J RD
		EGIT D BONG HOLLOW	V IND

U.S. Address:			
	City TRION	State	<u>SA</u>
or 			
Foreign Address			
City			
Olly			
Province or State			
Country			
			· ·
Postal code			(F.)*
Phone Number			(706) 844-4014
Fax Number			

2021 DETAIL STATEMENTS

HELPING HANDS ENDING HUNGER IN 81-3382807

PAGE 1

STATEMENT #1 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)	
ADMIN	70
TOTAL CARRIED TO 990-EZ PG 1 LINE 13	13,370

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

r Eurita	
	100000000000000000000000000000000000000

For calendar year 2021, or fiscal year beginning ______, 2021, and ending

Do not send to the IRS. Keep for your records.

Internal Revenue Service	▶G	io to www.irs.gov/Form8879TE for the lates	st information.			
Name of filer		y and the same of	EIN or SSN			
HELPING HAND	S ENDING H	UNGER INC	81-338280	7		
Name and title of officer			01 00200	1		
CARLOTTA L HARV						
Part I Type of	of Return and R	eturn Information				
Check the box for the ret	turn for which you are	using this Form 8879-TE and enter the applie	cable amount, if any, from the re	turn. Form 8038-		
CP and Form 5330 filers	may enter dollars an	d cents. For all other forms, enter whole dollars	s only. If you check the boy on li	no 1a 2a 3a 4a		
5b, 6b, 7b, 8b, 9b, or 10	b. whichever is applic	ount on that line for the return being filed with t cable, blank (do not enter -0-). But, if you enter	nis form was blank, then leave li	ne 1b, 2b, 3b, 4b,		
applicable line below. De	o not complete mor <u>e</u>	than one line in Part I.				
1a Form 990 check her	e	b Total revenue, if any (Form 990, Part VIII,	column (A), line 12) 1b	į		
2a Form 990-EZ check	here	b Total revenue, if any (Form 990-EZ, line 9	9)2b	160,990		
Ba Form 1120-POL che		THE COLUMN TWO DESCRIPTIONS OF THE CONTRACT OF THE COLUMN TWO STATES OF				
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b						
5a Form 8868 check he						
6a Form 990-T check h	_					
7a Form 4720 check he						
Ba Form 5227 check he			5227, Item D) 8b			
9a Form 5330 check he	re	b Tax due (Form 5330, Part II, line 19)				
Doct II Doctor	k here	b Amount of credit payment requested (Fo	orm 8038-CP, Part III, line 22) 10	b		
Part II Declar	ation and Signa	ture Authorization of Officer or Pe	erson Subject to Tax			
	y, I declare that I	am an officer of the above entity or I am a		(20)		
entity)		, (EIN) ;	and that I have examined a copy	of the 2021 electronic		
eturn and accompanying	g scriedules and state	ements, and, to the best of my knowledge and	belief, they are true, correct, an	d complete. I further		
provider transmitter er	n Part I above is the	amount shown on the copy of the electronic re	turn. I consent to allow my inter	mediate service		
provider, transmitter, or e	electronic return origin	nator (ERO) to send the return to the IRS and t	to receive from the IRS (a) an a	cknowledgement of		
f applicable. Lauthorize t	the U.S. Traceurs	ion, (b) the reason for any delay in processing	the return or refund, and (c) the	date of any refund.		
inancial institution accou	nt indicated in the ter	d its designated Financial Agent to initiate an e	lectronic funds withdrawal (direc	t debit) entry to the		
nstitution to debit the ent	my to this account. To	c preparation software for payment of the fede	ral taxes owed on this return, an	d the financial		
han 2 business days prid	or to the navment (se	revoke a payment, I must contact the U.S. Trottlement) date. I also authorize the financial ins	easury Financial Agent at 1-888	-353-4537 no later		
payment of taxes to recei	ve confidential inform	nation necessary to answer inquiries and resolu	relieues related to the porment	ng of the electronic		
personal identification nu	mber (PIN) as my sig	nature for the electronic return and, if applicat	the consent to electronic fun	. I nave selected a		
PIN: check one box onl	v	made of the electronic return and, if applicat	he, the consent to electronic fun	us withdrawai.		
X I authorize BL	OCK ADVISOR	35	to enter my PIN 8280	7		
<u> </u>	OOK HDVIDOI	ERO firm name	38 38	- 1 PA		
			Enter five no do not enter			
on the tax year 2	021 electronically file	d return. If I have indicated within this return th				
state agency(ies)	regulating charities a	s part of the IRS Fed/State program, I also au	thorize the aforementioned FRC	to enter my		
_ PIN on the return	's disclosure consen	screen.	and and an animalian and an animal	to office my		
As an officer or p	erson subject to tax	with respect to the entity, I will enter my PIN as	my signature on the tax year 20)21		
electronically filed	d return. If I have indi	cated within this return that a copy of the retur	n is being filed with a state ager	cv(ies)		
regulating charitie	es as part of the IRS	Fed/State program, I will enter my PIN on the	return's disclosure consent scree	en.		
Signature of officer or per						
	cation and Auth		Date >			
RO's EFIN/PIN. Enter y						
number (EFIN) followed b			650	660 0000		
(= iii) lollowed t	,, your rive-digit sell-	-selected FIIN,		668 89224		
certify that the above no	meric entry is my PIN	I, which is my signature on the 2021 electronic	Do	not enter all zeros		
hat I am submitting this r	eturn in accordance	with the requirements of Pub. 4163, Modernize	any med return indicated above.	i contirm		
RS e-file Providers for B	usiness Returns.	and togethering of Fub. 4103, Moderniz	ed e-rile (ivier) information for /	utnorized		
RO's signature			Date >			
	ha h	O Must Date in This E	Date >			
		RO Must Retain This Form – See In				