Form **990-EZ**

Department of the Treasury

Internal Revenue Service

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)

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Α	For th	ne 2021 calen <u>dar year, or tax year beginning</u> , and ending	<u> </u>		
В	Check	if applicable: C Name of organization	D Em	ployer iden	tification number
	Addres	s change Community Land Trust in the Southern Berkshires, Inc.			
	Name o	change Number and street (or P.O. box if mail is not delivered to street address) Room/su	uite	04-2	709835
	Initial re	P.O. Box 276	E Tel	ephone num	ber
	Final retu	um/terminated City or town State ZIP code	_		
	Amend	ed return Great Barrington MA 01230		413-5	528-4472
	Applica	tion pending Foreign country name Foreign province/state/county Foreign postal co	de F Gr	oup Exemp	otion
			Nu	mber >	
_	Λοοοιι	nting Method: Cash X Accrual Other (specify)	L Chook	▶ V if i	the organization is
G		te: ► www.berkshirecommunitylandtrust.org			ttach Schedule B
٠.			/Form	•	itacii ociledale b
<u>J</u>	Tax-exe	mpt status (check only one) —501(c)(3)X 501(c) (2) ◀ (insert no.) 4947(a)(1) or5	527 (1-01111	000).	
K	Form o	f organization: X Corporation Trust Association Other			
L	Add line	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal assets		
	(Part II,	column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶\$	64,784
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see t	the instructi	ons for F	Part I)
		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	·
	2	Program service revenue including government fees and contracts		2	64,784
	3	Membership dues and assessments		3	- , -
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory			
	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	0
	6	Gaming and fundraising events:			
	а	Gross income from gaming (attach Schedule G if greater than			
ne		\$15,000)			
Je.	b	Gross income from fundraising events (not including \$ of contribution	ns		
Revenue		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			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	t		
		line 6c)		6d	0
	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	0
	8	Other revenue (describe in Schedule O)		8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u>►</u>	9	64,784
	10	Grants and similar amounts paid (list in Schedule O)		10	20,000
	11	Benefits paid to or for members		11	0.10
ses	12	Salaries, other compensation, and employee benefits		12	810
en	13	Professional fees and other payments to independent contractors		13	4,249
Expenses	14 15	Occupancy, rent, utilities, and maintenance		14	400
ш	15 16	Printing, publications, postage, and shipping		15	160
	16 17	Other expenses (describe in Schedule O)		16	36,763 61,083
_	18	Total expenses. Add lines 10 through 16		17 18	61,982
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree wi		10	2,802
SS	13	end-of-year figure reported on prior year's return)		19	247,118
ťΑ	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-3,009
Se	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	246,911
	_ :	access of faring parameter at one of your political miles to through to			

Pal	Check if the organization used S			this Part II.....			<u>X</u>
					Beginning of year		(B) End of year
22	Cash, savings, and investments .				26,118	22	20,911
23	Land and buildings				221,000		222,000
24					,,,,,,	24	4,000
25	Total assets	•			247,118	25	246,911
26					•	26	·
27					247,118	27	246,911
Pa	Statement of Program Serv	vice Accomplishmen	ts (see the instruction	ns for Part III)			_
	Check if the organization use	*				(Red	Expenses uired for section
	at is the organization's primary exemp	· · · — — — — — — — — — — — — — — — — —	ort Affiliated 501 (c) (,	1-1	Š01(c)(3) and 501(c)(4)
	scribe the organization's program serv	•		• •			nizations; optional thers.)
	measured by expenses. In a clear and		·	ovided, the number of	of	10.0	
	sons benefited, and other relevant info The Community Land Trust holds co			nd .			
20	businesses to ensure permanent acc			iu			
	stewardship.	ccss, control, anordar	onity, and				
) If this amount inclu	udos foreign grants, c	hock horo		00-	
20	· <u>·</u>	<i>,</i>				28a	
29				·····			
	(Grants \$) If this amount inclu	udos foreign grants e	hook boro			
20	·	<u> </u>		Heck Hele		29a	
30							
				• • • • • • • • • • • • • • • • • • • •			
	(Grants \$) If this amount inclu	ides foreign grants, o	hock hore		00-	
24	Other program services (describe in	-				30a	
31) If this amount inclu		heck here		24-	
••		•				31a	
	Total program service expenses.					32	0
Гε	List of Officers, Directors, 1 Check if the organization use	=					
	Check if the organization use	d defledule o to lesp	ond to any question	(c) Reportable		· ·	
			(b) Average	compensation	(d) Health benefit	s,	
	(a) Name and title		hours per week	(Forms W-2/1099-MISC/	contributions to employee benefit pla	ans,	(e) Estimated amount of
			devoted to position	1099-NEC) (if not paid, enter -0-)	and deferred compens		other compensation
loh	n Fulop)	(
	sident	Hr/W	IV.				
	iam Allen	, , , , , , , , , , , , , , , , , , ,					
	asurer	Hr/W	IK				
	n Van Sant	Till/W					
	e President	Hr/W	IK				
	er Stanton	111/11					
Cle		Hr/W	IK				
0.0.) III/W					
		Hr/W	IK				
		111777					
		Hr/W	IK				
		111/44					
	·X	Hr/W	IK				
		111/00	113	†	<u> </u>		
		Hr/W	IK				
		ni/w	IIX.				
		Hr/W	IV.				
		I Hr/VV	IIX			l	
		111/11					
		Hr/W					
			/K				

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in t	his Pa		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			V
24	detailed description of each activity in Schedule O	33		Х
34	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		Х
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		Х
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		Χ
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
27-	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37b		Х
38a	Did the organization line Form 1720-FOE for this year?	3/6		^
oou	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	000		
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:			
L	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		
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	40-		V
41	transaction? If "Yes," complete Form 8886-T	40e		Χ
42a	The organization's books are in care of Community Land Trust in the Southern Berks Telephone no. ▶	112 E	20 447	2
42a			20-447	
L	Located at ► 140 Jug End Rd. City Great Barrington ST MA ZIP + 4 ► 0123 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	30	Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	Х
	If "Yes," enter the name of the foreign country			7.
	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		Χ
	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 ▶ 43			
	Dilli di		Yes	No
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		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	444		^
b	completed instead of Form 990-EZ	44b		Х
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		Х
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	45.		
	Form 990-EZ. See instructions.	45b		

Form 99	90-EZ (2021	Community Land Trust in	the Southern Berk	shires,	lnc.			04-27098	335	Page 4
									Yes	No
46		organization engage, directly or indirectl								
		dates for public office? If "Yes," complet		l				. 46		Χ
Part	A	ection 501(c)(3) Organizations O Il section 501(c)(3) organizations m 0 and 51.		tions 4	7–49b and 52, a	ind compl	ete the table	s for line	es	
	С	heck if the organization used Sche	dule O to respon	d to an	y question in this	s Part VI				
									Yes	No
47		organization engage in lobbying activitie "Yes," complete Schedule C, Part II						47		
48		ganization a school as described in sec						. 48		
49a	Did the	organization make any transfers to an e	xempt non-charitab	le relate	ed organization? .			. 49a		
b		was the related organization a section s	•					. 49b		
50	•	e this table for the organization's five hi	•		•			•		
	employe	es) who each received more than \$100	,000 of compensation	on from	the organization. I	f there is n	one, enter "No	ne."		
	(a)	Name and title of each employee	(b) Average hours per week devoted to position		(c) Reportable compensation (Forms W-2/1099-MIS 1099-NEC)	contribu	lealth benefits, tions to employee plans, and deferred ompensation		ated amo compensa	
Name	None				•					
Title			Hr/WK	.00						
Name										
Title			Hr/WK	.00		/				
Name			-	•						
Title			Hr/WK	.00						
Name				00						
Title			Hr/WK	.00						
Name Title			Hr/WK	.00						
f 51	Complet	mber of other employees paid over \$10 ethis table for the organization's five his 0 of compensation from the organization.	ghest compensated	•		who each r	eceived more	than		
		(a) Name and business address of each independ	ent contractor		(b) Type of s	ervice	(c) Compens	ation	
	None	Str								
City		ST	ZIP							
Name City		Str ST	ZIP							
Name		Str	ΣΠ							
City		ST	ZIP							
Name		Str								
City		ST	ZIP							
Name		Str								
City		ST	ZIP							
d 52	Did the	mber of other independent contractors or organization complete Schedule A? Not ed Schedule A	J)(3) org	anizations must att	ach a		► □ Y	es X] No
		perjury, I declare that I have examined this return, in					knowledge and be	lief, it is		
true, co	rrect, and co	omplete. Declaration of preparer (other than officer)	is based on all information	on of whic	n preparer has any knov	vieage.				
C:~-		Signature of officer					Date			
Sign Here		John Fulop					President			
616		Type or print name and title					i resident			
	I	Print/Type preparer's name	Preparer's sign	ature	1	Date	Oharata V	PTIN		
Paid		Edward R Szwyd				3/13/2022	Check X self-employed	if P0145	54668	
Prep		Firm's name ► Edward R. Szwyd CP.	Α		<u> </u>		Firm's EIN ▶ 04			
use	Only	Firm's address ▶ 1 Maple St. , Stockbrid	dge, MA 01262				Phone no. 41	3-298-10)40	
May tl	ne IRS di	scuss this return with the preparer show	vn above? See instr	uctions		<u>.</u>		►	es	No

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury

Name of the organization

Attach to Form 990 or Form 990-PF.

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

Employer identification number Community Land Trust in the Southern Berkshires, Inc. 04-2709835

Organization type (check one): Filers of: Section: 501(c)(2) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific. literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Community Land Trust in the Southern Berkshires, Inc.

Employer identification number

04-2709835

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Community Land Trust in the Southern Berkshires, Inc.

Employer identification number

04-2709835

Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of orga	anization Land Trust in the Southern Berkshires, Inc.			Employer identification number 04-2709835		
Part III	Exclusively religious, charitable, etc., comparison of the year the following line entry. For organizations of contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	rear from any o completing Part r. (Enter this inf	one contributor. Complete III, enter the total of excoordination once. See instruction	ed in section 501(c)(7), (8), or ete columns (a) through (e) and lusively religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and a		ransfer of gift Relations	nip of transferor to transferee		
	For. Prov. Country					
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
	For. Prov. Country	• · ·				
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and a		ransfer of gift Relationsl	nip of transferor to transferee		
	For. Prov. Country					
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and b		ransfer of gift Relationsl	nip of transferor to transferee		
	For. Prov. Country					

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 Employer identification number Community Land Trust in the Southern Berkshires, Inc. 04-2709835 Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Supporting 501(c)(3), Grantee: Berkshire Community Land Trust Inc. P.O. Box 276 Great Barrington MA 01230, Cash Grant: 20,000 Relationship: Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 53 Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 972 Form 990-EZ, Part I, Line 16, Other Expenses: Real Estate Taxes: 19,689 Form 990-EZ, Part I, Line 16, Other Expenses: Bank Fees: 275 Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 3,904 Form 990-EZ, Part I, Line 16, Other Expenses: Miscellaneous: 129 Form 990-EZ, Part I, Line 16, Other Expenses: Annual Reports: 474 Form 990-EZ, Part I, Line 16, Other Expenses: Bookkeeping: 4,078 Form 990-EZ, Part I, Line 16, Other Expenses: Repairs and Maintenence: 4,429 Form 990-EZ, Part I, Line 16, Other Expenses: Postage: 330 Form 990-EZ, Part I, Line 16, Other Expenses: Invasive Species Project: 2,430 Form 990-EZ, Part I, Line 20, Net Assets: Decrease in Current Liablities: -3,009 Form 990-EZ, Part II, Line 24, Other Assets: Loan to affiliate: Beginning of year: 0, End of year: 4,000

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
Community Land Trust in the Southern Berkshires, Inc.	04-2709835
•	•
	·
	A

Form **8879-TE**

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

OMB No. 1	545-0047
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Department of the Treasury

For calendar year 2021, or fiscal year beginning __

Internal Revenue Service

► Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information

Name of filer	EIN or SSN
Community Land Trust in the Southern Berkshires, Inc.	04-2709835
Name and title of officer or person subject to tax	
John Fulop	President
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, i	
CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you c	
5a, 6a, 7a, 8a, 9a , or 10a below, and the amount on that line for the return being filed with this form was b 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the	
applicable line below. Do not complete more than one line in Part I.	return, then enter -0- on the
1a Form 990 check here ▶ b Total revenue , if any (Form 990, Part VIII, column (A), line 12) 1b
2a Form 990-EZ check here \rightarrow X b Total revenue , if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here ▶	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, F	
5a Form 8868 check here b Balance due (Form 8868, line 3c)	
6a Form 990-T check here ▶ b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 1)	
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item	
9a Form 5330 check here ▶ b Tax due (Form 5330, Part II, line 19)	
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038)CP, Part III,	
Part II Declaration and Signature Authorization of Officer or Person Subjec	
	n subject to tax with respect to (name
the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initidirect debit) entry to the financial institution account indicated in the tax preparation software for payment return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the fiprocessing of the electronic payment of taxes to receive confidential information necessary to answer inquiting payment. I have selected a personal identification number (PIN) as my signature for the electronic return tender to finds withdrawal. PIN: check one box only	of the federal taxes owed on this ne U.S. Treasury Financial Agent at inancial institutions involved in the iries and resolve issues related to
	N 55555 as more signs at the
X I authorize Edward R Szwyd CPA to enter my PI	N 55555 as my signature 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 state agency(ies) regulating charities as part of the IRS Fed/State program, I also aut 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 m electronically filed return. If I have indicated within this return that a copy of the return is regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return.	thorize the aforementioned ERO to y signature on the tax year 2021 being filed with a state agency(ies)
Signature of officer or person subject to tax	Date ►
Part III Certification and Authentication	
())	971088792 It enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-IRS <i>e-file</i> Providers for Business Returns.	
ERO's signature Date	3/13/2022
FDO Must Potein This Forms Cook Instruction	
EDO Must Datain This Eases Con Instruction	

The following questions should be answered in the context of the **FEDERAL** return being electronically filed. Responses for state efiles are below.

	Form family applicability					
Check ("x") this column to see more information, when available.	1065	1120/F	1120S	990	1041	
Name of signing officer or fiduciaryJohn Fulop						
Check ("X") if foreign officer and does not have a SSN/TIN OR						
Check ("X") if officer opts not to provide SSN/ITIN						
OR Enter SSN/EIN of signing officer or fiduciary	Υ	Υ	Y	Υ	Υ	
Total Income from Prior Year return	Y	Υ	Υ		Υ	
If claiming deduction for Salary & Wages on current year return, mark this box and enter the COUNT of original W2's reported to SSA for this tax year.		Y	Y			
and enter the goods.		<u>'</u>	<u>'</u>			
If claiming Compensation of Officers on current year return, mark this box and enter the number of officers		Y	Y			
Parent Company Name	Y	Y	Υ			
	-	-				
Business's Primary Physical Address:						
Street						
Line 2						
City St Zip Province Postal Code	Y	Y	V			
Country Province Postal Code	Y	Y	Y			
Grantor Name					Y	
Giantoi 331V					'	
Indicate which, if any, of the following forms this entity is required to file.						
940 941 943 944 945	Y	Y	Υ		Υ	
					-	
Were estimated tax payments made for this entity towards the current tax year's liability? Yes No		Y	Υ		Υ	
Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.						
First Payment, regardless of quarter or date paid.						
Method Direct Debit/ACH Cash Check EFTPS						
Amount paid with first quarter						
Date payment was requested to be debited						
For Cash payments, date cash was deposited. For Check payments, date on check.						
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment						
EFTPS Confirmation Number						
Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.						
Last Payment, regardless of quarter or date paid.						
Do NOT use if only one estimated payment was made.						
Method Direct Debit/ACH Cash Check EFTPS						
Amount of last payment						
Date payment was requested to be debited						
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment						
EFTPS Confirmation Number						