

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax DOMESTIC ABUSE PROJECT OF DELAWARE COUNTY, INC.	Taxpayer identification number 23-2053144
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Name and title of officer or person subject to tax
**JULIE AVALOS
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** 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, or 7b**, 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.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,307,152.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

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 organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 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 CLIFTONLARSONALLEN LLP to enter my PIN 02717
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 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 organization, I will enter my PIN as my signature on the tax year 2020 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.

DocuSigned by: Julie Avalos Date ▶ 4/1/2022
Signature of officer or person subject to tax

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.

23591155902
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 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 ▶ WILLIAM A. LOUGHERY Date ▶ 03/29/22

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Certificate Of Completion

Envelope Id: 7D0CB37B355C40D59933A74BCEB534F8

Status: Completed

Subject: Please DocuSign: 097-102717 - Domestic Abuse Project of Delaware County, Inc.

Client Name: Domestic Abuse Project of Delaware County, Inc.

Client Number: 097-102717

Source Envelope:

Document Pages: 1

Signatures: 1

Envelope Originator:

Supplemental Document Pages: 106

Initials: 0

Jeanne Soares

Certificate Pages: 5

AutoNav: Enabled

220 South 6th Street

Enveloped Stamping: Enabled

Suite 300

Time Zone: (UTC-06:00) Central Time (US & Canada)

Minneapolis, MN 55402

Jeanne.Soares@claconnect.com

IP Address: 165.225.57.171

Record Tracking

Status: Original

Holder: Jeanne Soares

Location: DocuSign

4/1/2022 7:55:50 AM

Jeanne.Soares@claconnect.com

Signer Events

Julie Avalos

javalos@dapdc.org

Executive Director

Security Level: Email, Account Authentication
(None), Access Code**Signature**

DocuSigned by:

Julie Avalos

DA03444BC6F74CB...

Signature Adoption: Pre-selected Style

Using IP Address: 96.245.72.182

Timestamp

Sent: 4/1/2022 8:14:50 AM

Viewed: 4/1/2022 10:52:13 AM

Signed: 4/1/2022 10:56:38 AM

Electronic Record and Signature Disclosure:

Accepted: 4/1/2022 10:52:13 AM

ID: 547ab3b0-6ce8-44cb-9b6b-109dc34d51e7

Supplemental Documents:

Client Copy

Viewed: 4/1/2022 10:52:24 AM

Read: Not Required

Accepted: Not Required

Action Items.pdf

Viewed: 4/1/2022 10:55:57 AM

Read: Not Required

Accepted: Not Required

In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp**

Kerry Hogg

khogg@dapdc.org

Controller

Security Level: Email, Account Authentication
(None)**COPIED**

Sent: 4/1/2022 8:14:50 AM

Electronic Record and Signature Disclosure:

Accepted: 10/26/2021 8:08:05 AM

ID: 2b718695-fa44-44c3-84f4-204c5e9eabb4

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	4/1/2022 8:14:50 AM
Certified Delivered	Security Checked	4/1/2022 10:52:13 AM
Signing Complete	Security Checked	4/1/2022 10:56:38 AM
Completed	Security Checked	4/1/2022 10:56:38 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure

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To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

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- ii. send us an email to BusinessTechnology@CLAconnect.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

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