



14930 S Cicero Avenue, Suite 1B  
PO Box 253  
Oak Forest, IL 60452

1813 N. Mill Street, Suite G  
Naperville, IL 60563

801 West Bay Dr. #323  
Largo, FL 33770

Quality Personal Service

www.CPATaxhelp.com | 708.687.9217 | fax 708.570.1880 | Taxinfo@CPATaxhelp.com

## Engagement Letter

This letter will confirm the understanding of the services to be provided and the terms that apply.

We (**P&L Accounting & Tax Service, LLP**) will provide the following services as requested:

- **Tax Return Preparation Assistance for calendar year ended December 31, 2021**

These services are not designed to disclose any defalcations or irregularities, should any exist.

However, we will inform you, the client, of anything that may come to our attention.

- **The ultimate responsibility for the reliability of the data reported to the IRS is the taxpayer's.**
- The above mentioned services **do not** include an audit of any nature, any professional opinion(s) being rendered, Legal Service or Legal Advice.
- It is acknowledged that P&L **does not have** any fiduciary role in regards to any service that is provided.
- It is affirmed that all reporting filings such as 1099s, payroll documents and other expense items **have been filed** to support the appropriate deductions claimed and reported on this tax return.

The only services that are being provided are the ones that are identified and specifically listed above. It is agreed that liability is limited to fees collected and paid by client and will not include punitive or exemplary damages.

Our fees for the services listed above will be computed at standard rates, as discussed, based on the time and charges to complete the work as listed on our Invoice. It is understood that if any documentation or staff are subpoenaed, the client will reimburse P&L for expenses and pay professional time charges at our standard rates. There are no contingency, referral, bonus or other fee(s) to be paid to P&L involved in this engagement.

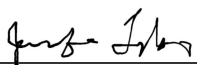
It is the responsibility of the Client to meet tax deadlines and to provide adequate time for the preparation of the work product. P&L request that we receive all required information from the client a minimum of 7 business days prior to any deadlines. Payment is due upon submission of invoice by us. The final product will not be delivered to you until full payment is received. **It is understood that P&L will return all client materials to the client and will not be responsible for retaining any data, records or copies of said material.**

**As Licensed CPAs, Paul E. Dillman, Leisa A. McNamara and Jim Buiter are able to represent clients before the IRS.** This additional service would be covered by a separate engagement letter and fee arrangement at the time of the new engagement.

We are pleased and honored to have you as a client. Please signify your approval of the above terms of this Engagement Letter by signing where indicated and returning this copy **for our files**.

Sincerely,

*Paul E. Dillman, CPA/PFS, Leisa A. McNamara, CPA Jim Buiter, CPA/PFS, MBA,*  
P & L Accounting & Tax Service, LLP

  
\_\_\_\_\_  
Client (1) Signature

7/13/2022  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Client (2) Signature

\_\_\_\_\_  
Date





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## E-Mail Review Disclosure

Federal law requires this consent form be provided to you. Unless authorized by law, **we cannot disclose your tax return information to third parties** for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify.

**PL Accounting & Tax Service, LLP** and its tax preparers (the "Firm") request your consent to disclose your Tax Return Information as described below.

### Purpose: Disclosure for Compliance with Securities Laws & Regulations

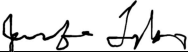
<i>Why is my information being disclosed?</i>	<b>Paul E Dillman, CPA/PFS, CKA, and Jim Buiter, CPA/PFS, MBA</b> are affiliated with Avantax Wealth Management and its affiliates ("Avantax") as independent contractors for the purpose of providing clients with financial products and services. The securities laws and regulations require Avantax to capture, retain and supervise its financial services professionals' communications related to Avantax's business.
<i>Who is reviewing my E-mail?</i>	Avantax Wealth Management ("Avantax") is composed of: (a) Avantax Investment Services <sup>SM</sup> , a registered broker-dealer; (b) Avantax Advisory Services <sup>SM</sup> , a registered investment adviser; and (c) Avantax affiliates, all of which are headquartered at 3200 Olympus Blvd., Suite 100, Dallas, TX 75019.
<i>What information will be disclosed, and how?</i>	Avantax captures, retains, and may review all electronic communications between you and the Firm, regardless of sender or recipient. <b>These communications include your emails and attachments which contain Tax Return Information.</b> Avantax will protect the confidential nature of this information by disclosing it only in response to lawful requests made by state or federal securities regulators, or otherwise as required by law.

- I/we **consent** to the disclosure of my/our Tax Return Information for E-Mail Review by Avantax.
- I/we **do not consent** to the disclosure of my/our Tax Return Information for E-Mail Review by Avantax.

*Due to financial industry email archiving regulations, I understand that any Tax Return Information communicated to the Firm via email may be disclosed for oversight purposes, and I will avoid emailing Tax Return Information in order to prevent this disclosure. If I still choose to send information to the Firm via email, I agree to hold the Firm harmless for any disclosure to Avantax that occurs.*

**Signatures**

The duration of this consent is three years from the date of signature, unless a more limited duration is specified here: I/we specify the duration of the above consent to be \_\_\_ years from the date of signature.

	Jennifer Fitzgerald	7/13/2022
_____	_____	_____
Taxpayer 1 Signature	Printed Name	Date

_____	_____	_____
Taxpayer 2 Signature	Printed Name	Date

If the Firm also prepares tax returns for your *minor* children (under age 18), please print their names below. This consent also applies to their Tax Return Information.

\_\_\_\_\_

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).



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### Consent for Additional Financial Advice

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for three years from the date of signature.

### Consent

I/We authorize ***P&L Accounting & Tax Service, LLP*** to use my Tax Return Information, which includes but may not be limited to, all communications with Paul E Dillman, CPA/PFS, CKA, Leisa McNamara, CPA, CKA, and Jim Buitter, CPA/PFS, MBA, any information derive or generate from Tax Return Information in connection with my **2020** Tax Return(s) (“Tax Return Information”) for the purpose of providing me with information pertaining to various financial services and products, which may include, but is not limited to, financial planning, investment advice and investment products (e.g., stocks, bonds, mutual funds, insurance and annuities). Services are dependent upon the licenses held by my tax professional. Information will be distributed in various ways including, but not limited to newsletter, email, postal mail, website, phone, or other means of communication.

I understand that Paul E Dillman and Jim Buitter are affiliated with Avantax Investment Services<sup>sm</sup> (AIS), a registered broker-dealer, as independent contractors solely for the purpose of offering financial products and services.

I am aware that the law requires a high level of privacy in the handling of my tax and financial affairs.

I understand that Paul E Dillman and Jim Buitter may use all of my Tax Return Information in connection with his/her affiliation with (a) Avantax Investment Services<sup>sm</sup>; (b) Avantax Advisory Services<sup>sm</sup> (AAS), a registered investment adviser; or (c) affiliates of those entities (collectively, “Avantax”), all of which are headquartered at 3200 Olympus Blvd., Suite 100, Dallas, TX 75019. Avantax does not offer, provide or supervise tax advice or tax preparation services, and any services provided by Avantax will be pursuant to a written agreement directly with the relevant Avantax entity.

I understand that ***P&L Accounting & Tax Service, LLP*** is not a registered broker-dealer or a registered investment adviser.

I acknowledge that if I make an investment through Avantax that Paul E Dillman or Jim Buitter will receive a part of any management fees, commissions, or other fees paid on investments I make. I understand that I am under no obligation whatsoever to follow any recommendations made or to purchase any other products or services offered.

**I understand that the Tax Return Information may not be disclosed or used by for any purpose other than as permitted by this consent document.**

Unless otherwise specified below, the duration of this consent is three years from the date of signature.

If I prefer a more limited duration, I will specify the duration of my consent here: I specify the duration of the above consent to be \_\_\_\_\_ years from the date of signature.

	Jennifer Fitzgerald	7/13/2022
<b>Signature</b>	<b>Taxpayer Name</b>	<b>Date</b>

<b>Signature</b>	<b>Taxpayer Name (<i>joint return</i>)</b>	<b>Date</b>
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If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

Form **8879-TE**

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

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_\_

# 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

EIN or SSN

Filling the Gap NFP

83-0835468

Name and title of officer or person subject to tax

Jennifer Fitzgerald, Trustee

#### 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.

1a Form 990 check here . . . ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b _____
2a Form 990-EZ check here . . . ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b <u>82,263.</u>
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 V, 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 _____
8a Form 5227 check here . . . ▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b _____
9a Form 5330 check here . . . ▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b _____
10a Form 8038-CP check here ▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

#### 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 P&L Accounting & Tax Service, LLP to enter my PIN 

3	5	4	6	8
---	---	---	---	---

 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 ▶ 7/13/2022

#### 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	6	9	9	9	9	8	8	3	9	2
---	---	---	---	---	---	---	---	---	---	---

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 ▶

Paul E. Dillman

Date ▶ 07/12/2022

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



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## Filling the Gap NFP IRS 990-EZ & IL Annual Report 2021

Professional Fee	\$1,600
IRS correspondence consultation	200
1099-NEC processing	75
Non-profit discount	(625)
Tax Software Licensing Costs	75
Back Office Costs- Review, Report Prep, Packaging, etc.	75
<b>Total</b>	<b>\$ 1,400</b>

Dear Ken, Jen and Mike,

Thank you very much. It was an honor to serve you. If you have any questions now, or during the year, please do not hesitate to call. Please review the complete Federal 990-EZ as well as the AG990-IL. If you are uncertain or believe an answer is not correct, please advise me for revision.

Several QuickBooks adjustments were made (Debit card liabilities, prepaid RE, other reclassifications). QB Journal entries will need to be made to record non-cash contributions & non-cash contributions utilized. Be sure to post all income on a gross basis, with offsetting expenses in a separate account. Keep all fundraising expenses separate by event.

Please DocuSign the P&L annual Client Engagement Letter and Consent/Disclosure Forms, and Form 8879-TE e-file authorization for electronic filing of your 990-EZ.

The AG990-IL Illinois Charitable Organization Annual Report has been prepared. Before mailing, **two** signatures are required on page 2 of the Report, **as well as a signature on page 4** of the attached 990EZ copy. A \$15 check payable to the "Illinois Charity Bureau Fund" should be attached to the form. Mail to the Attorney General's address as follows:

**Office of the Attorney General  
Charitable Trust Bureau  
Attn: Annual Report Section  
100 West Randolph Street, 11<sup>th</sup> Floor  
Chicago, IL 60601-3175**

If you receive any notices or correspondence from the IRS or other agencies, please contact us immediately. The IRS or other tax authority may be asking for substantiation of items claimed on your returns. Please upload any correspondence that you receive to the Secure Portal so that we can review it. Documentation such as receipts, documents, and other substantiation in connection with the items reported on your tax return should be kept for a period of four years.

We sincerely enjoy working with you and wish you all the best. Please keep us informed of any changes in your address or matters that may affect your tax and financial condition. Please contact us if we can be of any assistance to you.

Regards,

*Paul and Leisa*

Paul E. Dillman, CPA/PFS  
Leisa A. McNamara, CPA



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### Filling the Gap NFP ACH Agreement Authorization for On-Demand Electronic Funds Transfer

This will serve as authorization for P&L Accounting & Tax Service, LLP to establish Electronic Transfer Instructions to deposit or withdraw funds as ordered by me (us) through First Midwest Bank by **crediting or debiting** my (our) account indicated below.

#### Bank Account Information:

Filling the Gap NFP

Old National Bank (formerly First Midwest)

Account Name/Title (Type or Print)

Name of Bank

0	8	6	3	0	0	0	1	2
---	---	---	---	---	---	---	---	---

8100614836

9 digit Bank Routing Number

Bank Account Number

Checking

Savings

Attach voided check or bank statement.

**\*Check on file\***

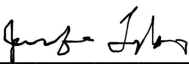
Frequency: Date One-Time Transfer to occur - \*as soon as signed form is received\*

Amount **\$1,400.00**

\*Payment is for 2021 Tax Return Preparation

Debit my bank account on a one-time basis according to the above schedule:

This authorization is to remain in full force and effect until First Midwest Bank through P&L Accounting & Tax Service, LLP, has received written notification from me (or either of us) of its termination in such time and in such manner as to afford P&L Accounting & Tax Service, LLP and my bank a reasonable opportunity to act on it. I also authorize you to accept debit or credit adjustment if required. I authorize P&L Tax & Accounting Service, LLP, and/or First Midwest Bank to verify my account information with the bank listed above.

 \_\_\_\_\_  
Date 7/13/2022

\_\_\_\_\_  
Date

Owner Signature

Date

Joint Owner Signature (Only if 2 signatures are required)

Date

Jennifer Fitzgerald

\_\_\_\_\_

Account Owner Name (Print)

Joint Account Owner Name (Print)

17772 Ridgeland Ave

Tinley Park

IL 60477

Address

City

State Zip