## \*\*\* Form 990 Online Filers: Please sign and date in Part II and then email a scanned PDF copy of the signed form to signatureforms@form990.org or fax it to 866-699-3916

Form **8453-TE** 

## Tax Exempt Entity Declaration and Signature for Electronic Filing

Department of the Treasury

For calendar year 2022, or tax year beginning 01/01/2022 and ending 12/31/2022 For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

OMB No. 1545-0047

Internal Revenue Service Go to www.irs.gov/Form8453TE for the latest information.

Name of filer							EIN or SSN	EIN or SSN		
OPEN SOURCE ECOLOGY							45-4997514			
Part I	•	Type of Return and	Return	Information						
and Forn 6a, 7a, 8 6b, 7b, 8	n 533 <b>a, 9</b> a 8 <b>b, 9</b> l	ox for the type of return 80 filers may enter dollars a, or <b>10a</b> below, and the b, or <b>10b</b> , whichever is a t complete more than or	s and ce amount pplicabl	ents. For all other on that line of th e, blank (do not	forms, enter whole e return being filed	e dollars only. I with this forr	If you check th m was blank, th	e box on line en leave line	e 1a, 2a, 3a, 4a, 5a, e 1b, 2b, 3b, 4b, 5b,	
		990 check here			if any (Form 990, F	Part VIII, colun	nn (A), line 12)	1b	198,190	
		990-EZ check here .			if any (Form 990-E					
3a F	orm	1120-POL check here			1120-POL, line 22					
4a F	orm	990-PF check here .	b		nvestment incom					
5a F										
6a F										
7a F	orm	4720 check here	□ b		4720, Part III, line					
8a F	orm	<b>5227</b> check here	□ b		at end of tax year					
9a F	orm	<b>5330</b> check here			5330, Part II, line 1					
10a F	orm	8038-CP check here		,	lit payment reques	•			)	
Part II		Declaration of Office				,	,	, ,	-	
	I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) 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.									
	ex 99 enalti	a copy of this return is be secuted the electronic di 00-PF (as specifically iden es of perjury, I declare th	sclosure ntified in	consent contair Part I above) to	ned within this retu the selected state	ırn allowing d agency(ies).	lisclosure by th	e IRS of this on subject to	s Form 990/990-EZ/	
(name of	entit	:y)						, (EIN)	,	
knowledg of the ele to the IR	ge ar ectroi S an oroce	ave examined a copy on belief, they are true, conic return. I consent to all d to receive from the IR essing the return or refundance.	orrect, a low my i S <b>(a)</b> an	ind complete. I fu intermediate serv acknowledgeme	orther declare that vice provider, trans ant of receipt or rea	the amount in mitter, or elec	n Part I above is stronic return or	the amount ginator (ER	shown on the copy O) to send the return	
Sign	m	Marcin Jakubowski May 14, 2023 Marcin Jakubowski				in Jakubowski,	<b>Executive Director</b>			
Here		nature of officer or person			Date		if applicable			
Part III	I	Declaration of Elect	ronic F	Return Origina	tor (ERO) and	Paid Prepa	rer (see instr	uctions)		
I am only The entit be filed v Informati have exa	/ a control  y offinite  with the  on for  amine	I have reviewed the above ollector, I am not responder or person subject to the IRS to the officer or per Authorized IRS <i>e-file</i> Fed the above return and complete. This Paid Prep	nsible for tax will l person so Providers accomp	r reviewing the re have signed this subject to tax, ar s for Business Re panying schedule	eturn and only dectorm before I submed have followed a seturns. If I am also and statements,	lare that this nit the return. Il other require the Paid Prepand, to the b	form accurately I will give a cop rements in Pub parer, under pe pest of my know	reflects the y of all form 4163, Mod nalties of peopledge and	e data on the return. s and information to lernized e-File (MeF) erjury I declare that I	
ERO's Use		D's nature			Date	Check if also paid preparer	Check if self- employed	ERO's SSN o	r PTIN	
Only		Firm's name (or yours if self-employed),					EIN			
Office		address, and ZIP code						Phone no.		
	/ledg	es of perjury, I declare the and belief, they are truge.								
Paid	10.2	Print/Type preparer's name		Preparer's	signature		Date	Check if se employed		
Prepar		Firm's name						Firm's EIN		
Use O	nly 🛚	Final and una						Dhana na		

Phone no.

Firm's address