IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning _________, 2017, and ending _________, 20____

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

Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization: MONTANA NATURAL HISTORY CENTER

Name and title of officer: THURSTON ELFSTROM

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, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I.

1a Form 990 check here □ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 819,220
2a Form 990-EZ check here □ □ b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here □ □ b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here □ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here □ □ b Balance Due (Form 8868, line 3c) 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization’s 2017 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 organization’s electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization’s 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 organization’s 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 organization’s electronic return and, if applicable, the organization’s consent to electronic funds withdrawal.

Officer’s PIN: check one box only

X I authorize ANDERSON ZURMUEHLEN & CO., P.C. to enter my PIN 97327

Enter five numbers, but do not enter all zeros

as my signature on the organization’s tax year 2017 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 of the organization, I will enter my PIN as my signature on the organization’s tax year 2017 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.

Officer’s signature □ 11/13/2018 Date □

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.

81019638594 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization 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 □ 11/13/18 Date □

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form 8879-EO (2017)

72351 10-11-17
Part III  Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.

Controlled group members (sections 1561 and 1963) check here □ See instructions and:

a Enter your share of the $50,000, $25,000, and $9,325,000 taxable income brackets (in that order):

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<td>(3)</td>
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b Enter organization’s share of:

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<tr>
<td>(1) Additional 5% tax (not more than $11,750)</td>
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<tr>
<td>(2) Additional 3% tax (not more than $100,000)</td>
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Income tax on the amount on line 34 □ 35c □ 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:

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<tr>
<td>Tax rate schedule or Schedule D (Form 1041)</td>
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Proxy tax. See instructions □ 37

Alternative minimum tax □ 38

Tax on Non-Compliant Facility Income. See instructions □ 39

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies □ 0.

Part IV  Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1118) □ 41a

b Other credits (see instructions) □ 41b

c General business credit. Attach Form 3800 □ 41c

d Credit for prior year minimum tax (attach Form 8801 or 8827) □ 41d

e Total credits. Add lines 41a through 41d □ 41e

42 Subtract line 41e from line 40 □ 42 □ 0.

43 Other taxes. Check if from:

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<tr>
<td>Form 4255</td>
<td>Form 8611</td>
<td>Form 8697</td>
<td>Form 8886</td>
<td>Other (attach schedule)</td>
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Total tax. Add lines 42 and 43 □ 44 □ 0.

45 a Payments. A 2016 overpayment credited to 2017 □ 45a

b 2017 estimated tax payments □ 45b

c Tax deposited with Form 8828 □ 45c

d Foreign organizations; Tax paid or withheld at source (see instructions) □ 45d

e Backup withholding (see instructions) □ 45e

f Credit for small employer health insurance premiums (Attach Form 6911) □ 45f

g Other credits and payments: □ 45g

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<tr>
<td>Form 2439</td>
<td>Form 4136</td>
<td>Other</td>
</tr>
</tbody>
</table>

Total payments. Add lines 45a through 45g □ 46

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached □ 47

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed □ 48 □ 0.

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid □ 49 □ 0.

50 Enter the amount of line 49 you want: □ 45g □ 50

Total payments. Add lines 45a through 45g □ 46

Part V  Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here □ 51

X

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferee to, a foreign trust?

If YES, see instructions for other forms the organization may have to file. □ 52

X

53 Enter the amount of tax-exempt interest received or accrued during the tax year □ 53

$2000000

Sign Here □

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Date EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer’s name □

Preparer’s signature)

Date)

Check □ if self-employed

PTIN)

Firm’s name □

Firm’s EIN □

Firm’s address □

Phone no. □

Form 990-T (2017)
Form 8879-EO

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MONTANA NATURAL HISTORY CENTER

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5a Form 8888 check here □ b Balance Due (Form 8888, line 3c) 5b

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Date □ 11/13/2018

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ERO’s signature □

Date □ 11/13/18

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LHA For Paperwork Reduction Act Notice, see instructions.

720031 10-11-17

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