Form **8879-E0**

Department of the Treasury

Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization For calendar year 2020, or fiscal year beginning Jul 1 , 2020, and ending Jun 30, 2021 Do not send to the IRS. Keep for your records.

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

OMB No. 1545-0047

ivame of exempt organization of p	erson subject to tax	Taxpayer identification number
EAST DAKOTA EDUCAT		06-1209235
Name and title of officer or person	subject to tax	
RENEE ULLOM, PRESI		
	urn and Return Information (Whole Dollars Only)	
check the box on line 1a, blank, then leave line 1b,	rn for which you are using this Form 8879-EO and enter the applic 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line fo 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not be applicable line below. Do not complete more than one line in Pa	r the return being filed with this form was t enter -0-). But, if you entered -0- on the
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), li	ne 12) 1b 4,710,433.
2a Form 990-EZ check he	, , , , , , , , , , , , , , , , , , , ,	
3a Form 1120-POL check		
4a Form 990-PF check he	ere ▶ 🗌 b Tax based on investment income (Form 990-PF, Pari	t VI, line 5) 4b
5a Form 8868 check here	, , , , , , , , , , , , , , , , , , , ,	
6a Form 990-T check her		
7a Form 4720 check here		7b
	and Signature Authorization of Officer or Person Subject	
	I declare that $oxtimes$ I am an officer of the above organization or \Box I a	
(name of organization)	, (EIN)	and that I have examined a copy
of the 2020 electronic retui	rn and accompanying schedules and statements, and, to the best	of my knowledge and belief, they are
I consent to allow my inter	e. I further declare that the amount in Part I above is the amount sl mediate service provider, transmitter, or electronic return originato	nown on the copy of the electronic return.
to receive from the IRS (a)	an acknowledgement of receipt or reason for rejection of the trans	smission. (h) the reason for any delay in
processing the return or re-	fund, and (c) the date of any refund. If applicable, I authorize the L	J.S. Treasury and its designated Financial
Agent to initiate an electror	nic funds withdrawal (direct debit) entry to the financial institution a	account indicated in the tax preparation
software for payment of the	e 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
confidential information ne	thorize the financial institutions involved in the processing of the election cessary to answer inquiries and resolve issues related to the payment.	sectronic payment of taxes to receive
identification number (PIN)	as my signature for the electronic return and, if applicable, the co	nsent to electronic funds withdrawal
,	, - 3	nesht to stock of he farles with a lawy.
PIN: check one box only		
▼ I authorize SCHOEN	FISH & CO., INC. to enter my PIN	I 0 9 2 3 5 as my signature
	ERO firm name	Enter five numbers, but
		do not enter all zeros
state agency(ies) regu	electronically filed return. If I have indicated within this return that all alating charities as part of the IRS Fed/State program, I also autho sclosure consent screen.	a copy of the return is being filed with a rize the aforementioned ERO to enter my
electronically filed retu	n subject to tax with respect to the organization, I will enter my Plaurn. If I have indicated within this return that a copy of the return is part of the IRS Fed/State program, I will enter my PIN on the return that a copy of the return is	being filed with a state agency(ies)
Signature of officer or person subje	ent to tax	Peta N. 00 /07 /0000
	and Authentication	Date ► 02/07/2022
	ur six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.		4 6 0 6 3 4 0 0 2 4 7
•		Do not enter all zeros
certify that the above nu	Please sign and date as marked and return this	filed return indicated above. I confirm
that I am submitting this r	Please sign and date as marked and rotal than	File (MeF) Information for Authorized
IRS <i>e-file</i> Providers for Bu	form to us in the enclosed envelope.	
ERO's signature ▶		2/10/2022
	Thanks!	
	⊑но миst Retain This Form — See Instruction	
	Do Not Submit This Form to the IRS Unless Requested	d to Do So