

**IRS E-file Signature Authorization  
for a Tax Exempt Entity**

For calendar year 2023, or fiscal year beginning 7/01, 2023, and ending 6/30, 20 2024

**2023**

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 SUMMIT CHORAL SOCIETY INC EIN or SSN 34-1658034

Name and title of officer or person subject to tax  
JOSEPH M STORSIN JR PRESIDENT

**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.

|  |   |     |                 |
|--|---|-----|-----------------|
| <input checked="" type="checkbox"/> 1a Form 990 check here . . . . . | <input type="checkbox"/> b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .     | 1b  | <u>385,171.</u> |
| <input type="checkbox"/> 2a Form 990-EZ check here . . . . .         | <input type="checkbox"/> b Total revenue, if any (Form 990-EZ, line 9) . . . . .                          | 2b  |                 |
| <input type="checkbox"/> 3a Form 1120-POL check here . . . . .       | <input type="checkbox"/> b Total tax (Form 1120-POL, line 22) . . . . .                                   | 3b  |                 |
| <input type="checkbox"/> 4a Form 990-PF check here . . . . .         | <input type="checkbox"/> b Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .         | 4b  |                 |
| <input type="checkbox"/> 5a Form 8868 check here . . . . .           | <input type="checkbox"/> b Balance due (Form 8868, line 3c) . . . . .                                     | 5b  |                 |
| <input type="checkbox"/> 6a Form 990-T check here . . . . .          | <input type="checkbox"/> b Total tax (Form 990-T, Part III, line 4) . . . . .                             | 6b  |                 |
| <input type="checkbox"/> 7a Form 4720 check here . . . . .           | <input type="checkbox"/> b Total tax (Form 4720, Part III, line 1) . . . . .                              | 7b  |                 |
| <input type="checkbox"/> 8a Form 5227 check here . . . . .           | <input type="checkbox"/> b FMV of assets at end of tax year (Form 5227, Item D) . . . . .                 | 8b  |                 |
| <input type="checkbox"/> 9a Form 5330 check here . . . . .           | <input type="checkbox"/> b Tax due (Form 5330, Part II, line 19) . . . . .                                | 9b  |                 |
| <input type="checkbox"/> 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 2023 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 GARY M SEXTON CPA to enter my PIN 73449 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 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 2023 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 [Signature] Date 2/20/25

**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.

34094641360  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 GARY M SEXTON CPA Date \_\_\_\_\_

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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 7/01, 2023, and ending 6/30, 2024

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C SUMMIT CHORAL SOCIETY INC, 140 E MARKET ST, AKRON, OH 44308-2014. D Employer identification number 34-1658034. E Telephone number 330-434-7464. G Gross receipts \$ 385,171. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No.

I Tax-exempt status: 501(c)(3), 501(c) ( ) (insert no.), 4947(a)(1) or 527

J Website: WWW.SUMMITCHORALSOCIETY.ORG. H(c) Group exemption number

K Form of organization: X Corporation, Trust, Association, Other. L Year of formation: 1989. M State of legal domicile: OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE A CONTINUUM OF MUSICAL TRAINING FOR YOUNG CHILDREN THROUGH SENIOR ADULTS, PRODUCE EXCEPTIONAL CHORAL PERFORMANCES AND PRESERVE THE ART OF CHORAL MUSIC FOR THE ENRICHMENT AND ENJOYMENT OF THE GREATER AKRON COMMUNITY. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 20. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 20. 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5. 6 Total number of volunteers (estimate if necessary) 6 100. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.

Table with 3 columns: Revenue, Prior Year, Current Year. Rows 8-12: Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue.

Table with 3 columns: Expenses, Prior Year, Current Year. Rows 13-19: Grants and similar amounts paid, Benefits paid to or for members, Salaries, other compensation, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses.

Table with 3 columns: Net Assets or Fund Balances, Beginning of Current Year, End of Year. Rows 20-22: Total assets, Total liabilities, Net assets or fund balances.

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer, Date 2/20/25, JOSEPH M STORSIN JR, PRESIDENT

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature SELF-PREPARED, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Form **8879-TE**

**IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning 7/01, 2023, and ending 6/30, 2024

**2023**

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SUMMIT CHORAL SOCIETY INC

EIN or SSN

34-1658034

Name and title of officer or person subject to tax

JOSEPH M STORSIN JR PRESIDENT

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and that I have examined a copy of the 2023 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.

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Date

2/20/25

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ERO's signature

GARY M SEXTON CPA

Date

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