

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2018 calendar year, or tax year beginning 7/01, 2018, and ending 6/30, 2019

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	SUMMIT CHORAL SOCIETY INC 140 E MARKET ST AKRON, OH 44308-2014	34-1658034
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		330-434-7464
<input type="checkbox"/> Final return/terminated		G Gross receipts \$
<input type="checkbox"/> Amended return		319,333.
<input type="checkbox"/> Application pending	F Name and address of principal officer: SHARA COCCHIOLA	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	SAME AS C ABOVE	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website: ▶	WWW.SUMMITCHORALSOCIETY.ORG	
K Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: <u>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.</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> 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 2018 (Part V, line 2a)	5	5	
Revenue	6 Total number of volunteers (estimate if necessary)	6	100	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	187,344.	213,865.	
	9 Program service revenue (Part VIII, line 2g)	51,208.	50,507.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,935.	33,023.	
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	283,487.	297,395.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,000.	3,750.
14 Benefits paid to or for members (Part IX, column (A), line 4)				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		144,653.	153,528.	
16a Professional fundraising fees (Part IX, column (A), line 11e)		8,433.		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,741.				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		110,269.	118,908.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		268,355.	276,186.	
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	15,132.	21,209.	
		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	49,970.	77,761.	
	21 Total liabilities (Part X, line 26)	43,052.	49,634.	
	22 Net assets or fund balances. Subtract line 21 from line 20	6,918.	28,127.	

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		Date	4/9/20
	CHRIS BURNHAM		PRESIDENT
	Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name GARY M SEXTON CPA	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01532885
	Firm's name ▶ GARY M SEXTON, CPA	Firm's address ▶ 495 SHALLOW CREEK CIRCLE NORTHFIELD, OH 44067		Firm's EIN ▶	Phone no. (330)-730-4445

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

GARY M SEXTON, CPA
495 SHALLOW CREEK CIRCLE
NORTHFIELD, OH 44067
(330)-730-4445

April 6, 2020

Summit Choral Society Inc
140 E MARKET ST
Akron, OH 44308-2014

Dear Client:

Enclosed is your 2018 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page one. No tax is payable with the filing of this return. Mail your Federal return on or before May 15, 2020 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Please be sure to call us if you have any questions.

Sincerely,

Gary M Sexton CPA