Form **8879-TE**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2024, or fiscal year beginning JUL 1 , 2024, and ending JUN 30 , 20 25

**Do not send to the IRS. Keep for your records.**
**Go to www.irs.gov/Form8879TE for the latest information.**

OMB No. 1545-0047

**2024**

Name of filer
SAMARITAN HOUSE

**EIN or SSN**
23-7416272

Name and title of officer or person subject to tax
LAURA BENT
CHIEF EXECUTIVE OFFICER

## 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.

| | | | | | |
|---|---|---|---|---|---|
| **1a** | **Form 990** check here | [X] | **b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12) | **1b** | 35,619,250. |
| **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 V, line 5) | **4b** | |
| **5a** | **Form 8868** check here | [ ] | **b** **Balance due** (Form 8868, line 3c) | **5b** | |
| **6a** | **Form 990-T** check here | [ ] | **b** **Total tax** (Form 990-T, Part III, line 4) | **6b** | |
| **7a** | **Form 4720** check here | [ ] | **b** **Total tax** (Form 4720, Part III, line 1) | **7b** | |
| **8a** | **Form 5227** check here | [ ] | **b** **FMV of assets at end of tax year** (Form 5227, Item D) | **8b** | |
| **9a** | **Form 5330** check here | [ ] | **b** **Tax due** (Form 5330, Part II, line 19) | **9b** | |
| **10a** | **Form 8038-CP** check here | [ ] | **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 [X] 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 2024 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**

[X] I authorize HOOD & STRONG LLP to enter my PIN 76045

**ERO firm name**

**Enter five numbers, but do not enter all zeros**

as my signature on the tax year 2024 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 2024 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

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. 94275795113

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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 HOOD & STRONG LLP Maji Kram Date 05/14/26

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

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8879-TE** (2024)

LHA 402521 12-26-24

022

Date Accepted _____

**DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR **2024**

# California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

| Exempt Organization name | Identifying number |
|---|---|
| SAMARITAN HOUSE | 23-7416272 |

**Part I Electronic Return Information** (whole dollars only)

| | | | |
|---|---|---|---|
| 1 | Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) | 1 | 36,438,782 |
| 2 | Total gross income or total tax (Form 199, line 8 or Form 109, line 14) | 2 | 35,856,737 |
| 3 | Refund (Form 109, line 26) | 3 | |
| 4 | Balance due or Total amount due (Form 199, line 16 or Form 109, line 29) | 4 | |

**Part II Settle Your Account Electronically for Taxable Year 2024**

5 ☐ Direct deposit of refund (Form 109 only.)

6 ☐ Electronic funds withdrawal **6a** Amount **6b** Withdrawal date (mm/dd/yyyy)

**Part III Schedule of Estimated Tax Payments for Taxable Year 2025** (These are **not** installment payments for the current amount the exempt organization owes.)

| | First Payment | Second Payment | Third Payment | Fourth Payment |
|---|---|---|---|---|
| 7 Amount | | | | |
| 8 Withdrawal Date | | | | |

**Part IV Banking Information** (Have you verified the exempt organization's banking information?)

9 Routing number _____

10 Account number **11** Type of account: ☐ Checking ☐ Savings

**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign Here** ▶ _____ Signature of officer | _____ Date | ▶ CHIEF EXECUTIVE OFFICER Title

**Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO Must Sign**

ERO's signature ▶ _____ HOOD & STRONG LLP | Date 05/14/26 | Check if also paid preparer ☐ | Check if self-employed ☐ | ERO's PTIN P01008919

Firm's name (or yours if self-employed) and address ▶ HOOD & STRONG LLP
2580 N 1ST ST, STE 460
SAN JOSE, CA

Firm's FEIN 94-1254756

ZIP code 95131

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid Preparer Must Sign**

Paid preparer's signature ▶ _____ | Date | Check if self-employed ☐ | Paid preparer's PTIN P01008919

Firm's name (or yours if self-employed) and address ▶ HOOD & STRONG LLP
275 BATTERY ST, STE 900
SAN FRANCISCO, CA

Firm's FEIN 94-1254756

ZIP code 94111



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