*** Form 990 Online Filers: Please sign and date in Part II and then email a scanned PDF copy of the signed form to signatureforms@form990.org or fax it to 866-699-3916

Form **8453-TE**

Tax Exempt Entity Declaration and Signature for Electronic Filing

OMB No. 1545-0047

For calendar year 2022, or tax year beginning 07/01/2022 and ending 06/30/2023

Department of the Treasury For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

nternal Rev	enue Service	Go to	o www.irs.gov/Fo	rm8453TE for the	latest inform	ation.		
Name of file	er						EIN or SSN	I
		AMBER OF COMMERCE						99-0040995
Part I	Туре	of Return and Return	Information					
and Form 3a, 7a, 8 a 3b, 7b, 8 l	5330 filers a, 9a, or 10 b, 9b, or 1 0	ne type of return being files may enter dollars and cen a below, and the amount on b, whichever is applicable blete more than one line in F	nts. For all other for on that line of the e, blank (do not er	orms, enter whole return being filed	e dollars only I with this for	. If you check th m was blank, th	e box on l en leave li	ine 1a, 2a, 3a, 4a, 5a, ne 1b, 2b, 3b, 4b, 5b,
1a Fo	orm 990 ch	eck here 🗹 b	Total revenue, if	any (Form 990, F	Part VIII, colui	mn (A), line 12)	1	b 284,698
2a Fo	orm 990-E	Z check here .	Total revenue, if	any (Form 990-E	Z, line 9) .		2	b
3a Fo	orm 1120-F	POL check here D	Total tax (Form	1120-POL, line 22	2)		3	b
4a Fo	orm 990-P	_	Tax based on in					b
			Balance due (Fo				· · —	b
			Total tax (Form 9					b
			Total tax (Form					b .
			FMV of assets a					b
			Tax due (Form 5				· · —	b Db
10a Fo		CP check here	Amount of credit		stea (FOIIII 60	30-CP, Part III, II	ne 22) N	<u> </u>
b [federal to contact to I also au informati	al (direct debit) entry to the axes owed on this return, he U.S. Treasury Financial athorize the financial institution necessary to answer incomplete of this return is being filed	and the financial Agent at 1-888-3 utions involved in quiries and resolve	institution to de 53-4537 no later the processing e issues related to	bit the entry than 2 busin of the elect the paymen	to this accountess days prior to ronic payment at.	t. To revo o the payn of taxes t	ke a payment, I must nent (settlement) date. o receive confidential
Jnder pe	990-PF (the electronic disclosure as specifically identified in Ferjury, I declare that	Part I above) to th	e selected state	agency(ies).	_		
name of	entity)						, (EIN) _	,
knowledg of the ele- to the IRS delay in p	e and belice tronic return to return to return to recessing	amined a copy of the 202 of, they are true, correct, ar orn. I consent to allow my in ceive from the IRS (a) an a othe return or refund, and (c)	nd complete. I fur ntermediate servio acknowledgemen	ther declare that be provider, trans t of receipt or rea	the amount in mitter, or elec	n Part I above is ctronic return or	the amou iginator (E	nt shown on the copy RO) to send the return
Sign	Miles 4	oshioka		May 07, 2024	Miles	s Yoshioka, Exe	cutive Dire	ector
Here	Signature of	of officer or person subject to	tax	Date	Title,	if applicable		
Part III	Decla	ration of Electronic R	eturn Originat	or (ERO) and	Paid Prepa	arer (see instr	uctions)	
am only The entity be filed w nformationave exam	a collecto officer or with the IRS on for Auth mined the	reviewed the above return r, I am not responsible for person subject to tax will h to the officer or person so orized IRS e-file Providers above return and accompate. This Paid Preparer declar	reviewing the ret lave signed this for ubject to tax, and for Business Ret anying schedules	urn and only decorm before I submod have followed a urns. If I am also and statements, on all information or the transmission all information or the transmission and statements.	lare that this nit the return. Ill other requi the Paid Pre and, to the I	form accurately I will give a cop rements in Pub parer, under pe pest of my know	reflects to reflects to of all for 4163, Monalties of voledge and	he data on the return. ms and information to odernized e-File (MeF) perjury I declare that I
ERO's Use	ERO's signature			Date	Check if also paid preparer	Check if self- employed	ERO's SSN	l or PTIN
Only	Firm's name self-employ	e (or yours if ed).					EIN	
Office	address, an						Phone no.	
	edge and	erjury, I declare that I have pelief, they are true, correc				•		, ,
Paid Prepar		/pe preparer's name	Preparer's s	ignature		Date	Check if employe	
-	l Firm's	Firm's name					Firm's El	N
Use Or		Firm's address					Phone no	