Form 8879-EO	OMB No. 1545-0047				
Department of the Treasury Internal Revenue Service					
Name of exempt organization of Angel City Alliance	or person subject to tax	Taxpayer identification r 82-260			
Name and title of officer or per	son subject to tax	02-200	50141		
Jon Clayton Frech		CEO			
	Return and Return Information (Whole Dollars Only) turn for which you are using this Form 8879-EO and enter the applicable	amount if any from	the return		
If you check the box on form was blank, then lea	line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the ave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do nter -0- on the applicable line below. Do not complete more than one line	e return being filed w not enter -0-). But, if y	ith this		
1a Form 990 check he	re b Total revenue, if any (Form 990, Part VIII, column (A),	ine 12) 1b	801,120		
2a Form 990-EZ chec					
3a Form 1120-POL ch					
4a Form 990-PF chec					
5a Form 8868 check h					
6a Form 990-T check					
7a Form 4720 check h					
Part II Declaration	on and Signature Authorization of Officer or Person Subject I declare that I am an officer of the above organization or I am a pe				
Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also an confidential information ne	fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury nic funds withdrawal (direct debit) entry to the financial institution account indica e federal taxes owed on this return, and the financial institution to debit the entry the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business of uthorize the financial institutions involved in the processing of the electronic pay cessary to answer inquiries and resolve issues related to the payment. I have s) as my signature for the electronic return and, if applicable, the consent to elect Iy	ted in the tax preparation to this account. To reve ays prior to the paymer ment of taxes to receive elected a personal	n oke		
X I authorize	Enterprise Management Corporation. to enter my P ERO firm name	N 03747 Enter five numbers, t do not enter all zeros			
a state agenc	r 2020 electronically filed return. If I have indicated within this return that /(ies) regulating charities as part of the IRS Fed/State program, I also au on the return's disclosure consent screen.	a copy of the return is	being filed with		
electronically	or person subject to tax with respect to the organization, I will enter my P iled return. If I have indicated within this return that a copy of the return i rities as part of the IRS Fed/State program, I will enter my PIN on the ret	being filed with a sta urn's disclosure conse	te agency(ies) ent screen.		
Signature of officer or person s	ubject to tax > Luth 100	Date ► 11/15	/2021		
	ion and Authentication				
	your six-digit electronic filing identification by your five-digit self-selected PIN.	3340411	10/1		
		do not enter			
	numeric entry is my PIN, which is my signature on the 2020 electronically return in accordance with the requirements of Pub. 4163, Modernized e Business Returns.				
ERO's signature 🕨 Ken	neth E Noland Date				
	ERO Must Retain This Form—See Instruction Do Not Submit This Form to the IRS Unless Requested				
Do Not Submit This Form to the IRS Unless Requested To Do So					

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning ______, 2020, and ending ______, 20_____

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. 2020

Name of exempt organization or person subject to tax

Taxest Information. Taxpayer identification number

82-2603747

Angel City Alliance Name and title of officer or person subject to tax

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, or **7a** 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**, or **7b**, 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 🕨 📃	bΤ	otal revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
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 VI, line 5)	4b	
5a	Form 8868 check here 🕨 🗌	b	Balance due (Form 8868, line 3c)	5b	0
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	

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 organization or _______ I am a person subject to tax with respect to name of organization) Angel City Alliance ________, (EIN) 82-2603747 _______ and that I have examined a copy 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

	l authorize	to enter my PIN		as my signature			
	ERO firm name		Enter five numbers, bu	ut			
			do not enter all zeros				
	on the tax year 2020 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 organization, I will enter my PIN as my signature on the tax year 2020 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.						
•	of officer or person subject to tax ►		Date II/IJ/				
Part III	Certification and Authentication						
ERO's E	FIN/PIN. Enter your six-digit electronic filing identification						
number (EFIN) followed by your five-digit self-selected PIN.							
			do not enter al	ll zeros			

I certify that the above numeric entry is my PIN, which is my signature on the 2020 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

Kenneth E Noland

Date 🕨

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

3 Total expenses and disbursements (Form 199, line 9)	TAXABLE YEAR	California	e-file Return Auth	orization	for			FORM	
Every Organization rares Monthly provider ANGEL CITY ALLIANCE 32-2603747 Part I Electronic Return Information (whole dollars only) 1 1 Total gross income (Form 199, line 4) 2 2 Total gross income (Form 199, line 6) 3 3 Total spress income (Form 199, line 6) 3 4 Electronic funds withdrawal 4a Amount 0 4 Electronic funds withdrawal 4a Amount 0 4b Withdrawal date (mm/iddlyyyy) Part III Banking Information (Have you verified the exempt organization's banking information?) 5 Routing number 7 Type of account: C hecking Savings Part VL Declaration of Officer 7 Type of account: C hecking Savings Part VL peclaration of officer Issubicity a understand that file information (provider and the adve) agree with the amounts in the correct, and complete. If the exempt organization is file ab ablaic, the exempt organization is the correct, and complete. If the exempt organization's fee liability, the exempt organization's fee liability, and all applicable interest and penallies. Indem penallies of poliny, Idealare that an officer of the abave exempt organization's return is thue, correct, and complete. If the exempt organization's neuronic file of the anounts in Part I above agree with the amounts in Part I above agree with the amoun	2020	Exempt O	rganizations				1	8453-EO	
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3 Total expenses and disbursements (Form 199, line 9)			•						
3 Total expenses and disbursements (Form 199, line 9)	-		-					857,379	
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Filter Date Title Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions. 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, 2020 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 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 ERO's-signature ENTERPRISE MANAGEMENT CORPORATION 95-4434526 ERO's PTIN P01425673 firm's name (or yours if self-employed) and address ENTERPRISE MANAGEMENT CORPORATION 95-4434526 EP code 59403 EP	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 2020 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 fee liability, the exempt organization will remain liable for the fee 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.								
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, 2020 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 is 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 (or yours if self-employed) and address ENTERPRISE MANAGEMENT CORPORATION 95-4434526 ERO's PTIN P01425673 Firm's name (or yours if self-employed) and address ENTERPRISE MANAGEMENT CORPORATION 95-4434526 ZIP code 59403 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.	Here	Signature of officer							
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ERO Nust Sign EROS- signature KENNETH E NOLAND also paid preparer if self- employed P01425673 Firm's name (or yours if self-employed) and address ENTERPRISE MANAGEMENT CORPORATION 95-4434526 Firm's FEIN 95-4434526 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.	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, 2020 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,								
Firm's name (or yours if self-employed) and address ENTERPRISE MANAGEMENT CORPORATION 95-4434526 P.O. BOX 1666 ZIP code GREAT FALLS MT 59403 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.	ERO		H E NOLAND	Date	also paid	if self-		573	
Sign if self-employed) and address P.O. BOX 1666 GREAT FALLS MT ZIP code 59403 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.		Firm's name (or yours	ENTERPRISE MANA(SEMENT COI	RPORATT		84526		
GREAT FALLS MT 59403 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.	Sign	if self-employed)							
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.		GREAT FALLS MT						59403	
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Must	Must	ognataro	Firm's FEIN						
Sign if self-employed) and address 4525 E SKYLINE RD, STE 107 ZIP code TUCSON AZ 85718	Sign	if self-employed)	4525 E SKYLINE H				ZIP code		