Return of Organization Exempt From Income Tax

OMB No. 1545-0047

22

20

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

Open to Public

Inte	rnal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the latest i			Inspection						
Α	For the	e 2022 calend	lar year, or tax year beginning ${\tt Oct \ 1}$, 2022, and endin	g Se	p 30	, 20 23						
в	Check if	f applicable:	C Name of organization AMF INTERNATIONAL, INC.		D Emplo	oyer identification number						
	Address	s change	Doing business as LIFE IN MESSIAH INTERNATIONAL	36-21	181970							
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	E Teleph	one number							
	Initial re	turn	19550 BURNHAM AVENUE (708)418-0020									
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code									
	Amende	ed return	LYNWOOD, IL 60411			receipts \$2,311,825.						
	Applicat	tion pending	F Name and address of principal officer:	H(a) Is this a gro	up return fo	r subordinates? 🗌 Yes 🛛 No						
			LEVI HAZEN, 19550 BURNHAM AVENUE, LYNWOOD, IL 604	11 H(b) Are all su	bordinate	es included? 🗌 Yes 🗌 No						
<u> </u>	Tax-exe	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If "No," a	ttach a lis	st. See instructions.						
J	Website		NMESSIAH.ORG	H(c) Group ex								
к		organization: X		ition: 1887	M State	of legal domicile: IL						
P	art I	Summa										
	1		cribe the organization's mission or most significant activities: \underline{Tote}			the Word of						
ЪСе			ng Jewish and Gentile persons and present Yesh	ua (Jesus	of							
nai	_		h) as the promised Messiah and Savior.									
Activities & Governance	2		box if the organization discontinued its operations or disposed o		1 1							
ອັ	3		voting members of the governing body (Part VI, line 1a)		3	10						
ŝ	4		independent voting members of the governing body (Part VI, line 1b)		4	10						
/itie	5		per of individuals employed in calendar year 2022 (Part V, line 2a)		5	30						
ćţ	6		ber of volunteers (estimate if necessary)		6	275						
◄	7a		ated business revenue from Part VIII, column (C), line 12		7a	0.						
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11		7b	0.						
			ne and events (Deut VIII line 1h)	Prior Year		Current Year						
Ine	8		ns and grants (Part VIII, line 1h)	1,993,	122.	2,258,831.						
Revenue	9	-	ervice revenue (Part VIII, line 2g)		000	16 004						
Be	10 11		income (Part VIII, column (A), lines 3, 4, and 7d)		292.	46,994.						
	12		ue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	614.	6,000.						
	13		similar amounts paid (Part IX, column (A), lines 1–3)	<u>2,006,</u> 149,		2,311,825.						
	14		aid to or for members (Part IX, column (A), line 4)	149,	407.	148,441.						
6	15	•	her compensation, employee benefits (Part IX, column (A), lines 5–10)	1,492,	126	1,554,317.						
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)	1,472,	120.	I,JJI,JI/.						
pen	b		aising expenses (Part IX, column (D), line 25) 61,615.									
Ă	17		nses (Part IX, column (A), lines 11a–11d, 11f–24e)	542,	356	645,807.						
	18	•	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,183,		2,348,565.						
	19		ss expenses. Subtract line 18 from line 12	-177,		-36,740.						
es e				Beginning of Curre		End of Year						
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)	1,859,		2,007,032.						
Ass	21		ties (Part X, line 26)		141.	38,797.						
Fund	22		or fund balances. Subtract line 21 from line 20	1,819,		1,968,235.						
	ovet II			1 1		,						

Signature Block ar e H

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.

			12	2/14/2023							
Sign	Signature of officer	Date	Date								
Here	Here LEVI HAZEN, EXECUTIVE DIRECTOR										
	Type or print name and title										
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗙 if	PTIN						
Preparer	Elizabeth Hoogstra		12/14/2023	self-employed	P01698247						
Use Only		s EIN 92-1	058244								
	Firm's address 10741 Winterse	67 Phor	Phone no. (708)349-9494								
May the IR	S discuss this return with the preparer	shown above? See instructions			🗙 Yes 🗌 No						
Fau Daman	ante Dantestiane. Ante National and the same	to incluse DAA									

For Paperwork Reduction Act Notice, see the separate instructions. BAA

Form 99	0 (2022) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	To teach and preach the Word of God among Jewish and Gentile persons and present Yeshua (Jesus of Nazareth) as the promised Messiah and Savior.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,019,871. including grants of \$0.) (Revenue \$0.)
	Sharing the gospel (evangelism), training individuals and groups (churches) in evangelism, and aiding in the spiritual growth (discipleship) of individuals.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$)Total program service expenses2,019,871.
+6	

Form 99	0 (2022)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundamining hubing hubing hubing a striking striking striking striking and striking	14a	×	
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	×	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	145		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16	×	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	×	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	17		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	×	

Form 99	00 (2022)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
04-	employees? <i>If "Yes," complete Schedule J</i>	23		×
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	21		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		×
33	complete Schedule N, Part II	32		×
34	sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		×
	or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	36		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	37		×
Part		38	×	Ĺ
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10		162	110
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	×	1

Form 99	0 (2022)		F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 30			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	×	
b	If "Yes," enter the name of the foreign country CA	та		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6		~
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		×
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
_	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		
		7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		××
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
-	sponsoring organization have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	15a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			[
	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Secti	on A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business		-			
_	any other officer, director, trustee, or key employee?			2	×	
3	Did the organization delegate control over management duties customarily performed by or					
-	supervision of officers, directors, trustees, or key employees to a management company or o			3		×
4	Did the organization make any significant changes to its governing documents since the prior For			4		×
5	Did the organization become aware during the year of a significant diversion of the organizati			5		×
6 7a	Did the organization have members or stockholders?			6		×
/a	one or more members of the governing body?			7a		~
b	Are any governance decisions of the organization reserved to (or subject to approva			<i>1</i> a		×
D	stockholders, or persons other than the governing body?			7b		×
8	Did the organization contemporaneously document the meetings held or written actions ur			10		^
Ū	the year by the following:		aton damig			
а	The governing body?			8a	×	
b	Each committee with authority to act on behalf of the governing body?			8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule			9		×
Secti	on B. Policies (This Section B requests information about policies not required by th	e Inte	ernal Reven	ue C	ode.)	1
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exer	npt pu	irposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		ng the form?	11a	×	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990).				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv			12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the					
	describe on Schedule O how this was done			12c	×	
13	Did the organization have a written whistleblower policy?			13	×	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a			14	×	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation					
а	The organization's CEO, Executive Director, or top management official			15a	×	
b	Other officers or key employees of the organization			15a	^	×
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	• •		100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ilar ar	rangement			
	with a taxable entity during the year?			16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organizatio					
	participation in joint venture arrangements under applicable federal tax law, and take steps					
	organization's exempt status with respect to such arrangements?			16b		
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable			Г (sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that		-			
	Our under the Another's under the Molecular and Other (our lain on C	!-	1-01			

- □ Own website □ Another's website ⊠ Upon request □ Other (*explain on Schedule O*)
- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records. LORI TABER, 19550 BURNHAM AVENUE, LYNWOOD, IL 60411 (708)418-0020

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(0	C)					
(A)	(B)	(do n	ot of		ition			(D)	(E)	(F)
Name and title	Average hours	(do not check more than on box, unless person is both a officer and a director/truster					an	Reportable compensation	Reportable compensation	Estimated amount of other
		office	-		1			from the	from related	compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) DAN STRULL	2.00									
CHAIR		×		×				0.	0.	0.
(2) GERAD HALL	2.00									
VICE CHAIR		×		×				0.	0.	0.
(3) SPENCER GARRETT TREASURER	2.00	×		×				0.	0.	0.
(4) ANA DEVINE	2.00									
SECRETARY		×		×				0.	0.	0.
(5) LEVI HAZEN EXECUTIVE DIRECTOR	40.00	×		×				94,500.	0.	0.
(6) JOHN DEVINE	2.00									
DIRECTOR		×						0.	0.	0.
(7) RENAE FENTRESS DIRECTOR	2.00	×						0.	0.	0.
(8) TIM SIGLER DIRECTOR	2.00	×						0.	0.	0.
(9) MIKE WEAVER DIRECTOR	2.00	×						0.	0.	0.
(10) GREG GERARD DIRECTOR	2.00	×						0.	0.	0.
(11)		-								
(12)		-								
(13)										
(14)										
									<u> </u>	

Part	VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (d	ontin	ued)
						C)								
	(A)	(B)	(do r	not ch		ition	e than o	ne	(D)	(E)			(F)	
	Name and title	Average	box,	unles	ss pe	erson	is both	n an	Reportable	Report		Estima		ount
		hours per week				1	or/trust	ŕ	compensation from the	compen from re		1	other	on
		(list any	ndiv or di	nsti	Officer	Key	High	Former	organization (W-2/	organizatio		1	om the	
		hours for related	rect	tutio	Ĕ	emp	est o loye	ler	1099-MISC/ 1099-NEC)	1099-N 1099-N		related o	zation a organiza	
		organizations below	Individual trustee or director	Institutional trustee		Key employee	° mp							
		dotted line)	stee	rust		ő	bens							
				ee			Highest compensated employee							
(15)			-											
(16)			-											
(17)			-											
(18)														
(19)			1											
(20)			-											
(21)			-											
(22)			-											
(23)			<u> </u>											
(24)								-						
(25)		+	1											
1b			• •	•	•	•	•	•	94,500.		0.			0.
c	Total from continuation sheets to Part			·	·	•	•	•						
 2	Total (add lines 1b and 1c)								94,500.	a than ¢1	0.	of		0.
2	reportable compensation from the organ		101	1030	5 113	leu	above	<i>-)</i> vv	no received mor	ειnanφi	00,000	01		
													Yes	No
3	Did the organization list any former									-	ensated			
	employee on line 1a? If "Yes," complete							•				3		X
4	For any individual listed on line 1a, is the organization and related organizations individual													
5	Did any person listed on line 1a receive of											4		×
60-+:	for services rendered to the organization on B. Independent Contractors	? If "Yes," (compl	ete	Sch	nedi	iie J f	or s	such person .		• •	5		×
<u>5ecti</u> 1	Complete this table for your five high compensation from the organization. Rep													
	(A)	· ·	isatiUl			∃ Ud	GIUd	, ye	(B)			(C)	•	year.
	Name and business add	iress							Description of serv	rices		Compens	ation	

2	Total number of independent contractors (including but not limited to those listed above) who	
	received more than \$100,000 of compensation from the organization	

	90 (202	1								Page 9
Part	: VIII	Statement of Rev								
		Check if Schedule	O cor	ntains a re	espor	ise or note to ai	ny line in this Pa	art VIII		<u> </u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaig	ns .		1a					
ant	b	Membership dues			1b					
Đ ể	С	Fundraising events			1c					
ifts ar A	d	Related organization			1d		_			
nij, G	е	Government grants			1e		_			
ons Sii	f	All other contribution and similar amounts no								
buti	~	Noncash contributio			1f	2,258,831.	-			
trik I Of	g	lines 1a-1f.			10	¢				
Contributions, Gifts, Grants, and Other Similar Amounts	h	Total. Add lines 1a-			1g		2,258,831.			
<u> </u>			-11 .		• •	Business Code	2,230,031.			
ė	2a									
Program Service Revenue	b									
Se	c									
Jram Ser Revenue	d									
ng Ba	е									
Pro	f	All other program se								
	g	Total. Add lines 2a-	-2f.							
	3	Investment income								
		other similar amoun				46,994.	0.	0.	46,994.	
	4	Income from investr				•				
	5	Royalties	· ·							
				(i) Rea	I	(ii) Personal	_			
	6a	Gross rents	6a				-			
	b	Less: rental expenses	-				-			
	c	Rental income or (loss)		<u>\</u>						
	d	Net rental income o	r (loss	6) (i) Securi		(ii) Other				
	7a	Gross amount from sales of assets			lies		-			
		other than inventory	7a							
ø	b	Less: cost or other basis	74				-			
2	-	and sales expenses .	7b							
Other Reve	с	Gain or (loss) .	7c				-			
Ř	d	Net gain or (loss)								
the	8a	Gross income fro	m fur	ndraising						
ō		events (not including								
		of contributions rep								
		1c). See Part IV, line			8a					
		Less: direct expens			8b					
		Net income or (loss)			g eve	ents				
	9a	Gross income f activities. See Part I		0 0						
					9a		-			
		Less: direct expens Net income or (loss)			9b					
		Gross sales of ir								
	104	returns and allowan			10a					
	h	Less: cost of goods			10a					
	c	Net income or (loss)				Dry				
s			,			Business Code				
e son	11a	MISCELLANEOUS				900099	6,000.	6,000.	0.	0.
scellaneo Revenue	b									
eve eve	С									
Miscellaneous Revenue	d									
Σ	е	Total. Add lines 11a	a–11d	<u></u>			6,000.			
	12	Total revenue. See	instru	uctions			2,311,825.	6,000.	0.	46,994.
						REV 05/17/23				Form 990 (2022)

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Part IX Statement of Functional Expenses

	Check if Schedule O contains a response	or note to any line	in this Part IX .		Г
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	108,997.	108,997.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	39,444.	39,444.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	94,500.	58,650.	32,265.	3,585
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .	94,300.	58,050.	52,205.	
7	Other salaries and wages	1,308,292.	1,114,874.	175,076.	18,342
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	8,400.	8,400.	0.	0
9 10	Other employee benefits	63,715.	63,368.	302.	45
11	Fees for services (nonemployees):	79,410.	68,346.	8,802.	2,262
a	Management				
b					
c	Accounting	12,981.	0.	12,981.	0
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	44,726.	42,306.	0.	2,420
12	Advertising and promotion	78,776.	65,626.	0.	13,150
13		48,358.	40,005.	3,778.	4,575
14 15	Information technology	16,283.	8,444.	7,839.	0
15 16		77,137.	69,844.	5,201.	2,092
17		226,144.	209,480.	2,420.	14,244
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	220,111.	209,100.	2,120.	
19	Conferences, conventions, and meetings .	15,151.	15,151.	0.	0
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,704.	35,778.	6,494.	432
23		8,022.	0.	7,604.	418
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
~		10 607	15 220	1 217	
a b	BANK AND FILING FEES PROJECT EXPENSE	19,687. 55,838.	<u>15,320.</u> 55,838.	4,317.	50 0
С	PROJECI EXPENSE	.020,02	.020,02	0.	0
d e	All other expenses				
	All other expenses Total functional expenses. Add lines 1 through 24e	2 348 565	2 019 871	267,079.	61,615
<u>25</u> 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	2,348,565.	2,019,871.	207,079.	01,015
	following SOP 98-2 (ASC 958-720)				

Form 990 (2022)

	n 990 (2	•			Page 11
Ρ	art X				
		Check if Schedule O contains a response or note to any line in this Par	tX (A) Beginning of year		
	4	Cash-non-interest-bearing	66,541.	1	117,677.
	1 2	Savings and temporary cash investments	1,158,610.	2	
	2	Pledges and grants receivable, net	1,158,610.	23	1,105,145.
	3 4			3 4	
	4 5	Loans and other receivables from any current or former officer, director,		4	
	U	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		Ū	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	16,062.	9	24,011.
	10a	Land, buildings, and equipment: cost or other			,
		basis. Complete Part VI of Schedule D 10a 1,368,229.			
	b	Less: accumulated depreciation 10b 1,075,690.	335,243.	10c	292,539.
	11	Investments-publicly traded securities	281,398.	11	466,470.
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,190.	15	1,190.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,859,044.	16	2,007,032.
	17	Accounts payable and accrued expenses	29,908.	17	30,420.
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
oilit		controlled entity or family member of any of these persons		22	
lal	23	Secured mortgages and notes payable to unrelated third parties		22	
_	23 24	Unsecured notes and loans payable to unrelated third parties		23 24	
	2 4 25	Other liabilities (including federal income tax, payables to related third		24	
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	9,233.	25	8,377.
	26	Total liabilities. Add lines 17 through 25	39,141.	26	38,797.
ş		Organizations that follow FASB ASC 958, check here x		-	
Sc		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	1,501,004.	27	1,508,872.
ĕ	28	Net assets with donor restrictions	318,899.	28	459,363.
pur		Organizations that do not follow FASB ASC 958, check here \Box			
ц Ц		and complete lines 29 through 33.			
5 O	29	Capital stock or trust principal, or current funds		29	
set:	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds .		31	
let ,	32	Total net assets or fund balances	1,819,903.	32	1,968,235.
z	33	Total liabilities and net assets/fund balances	1,859,044.	33	2,007,032.

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Form **990** (2022)

Form 99	90 (2022)			Pa	ge 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1		1	2,3	11,8	25.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,3	48,5	65.
3	Revenue less expenses. Subtract line 2 from line 1	3	- 1	36,7	40.
4		4	1,8	19,9	03.
5	Net unrealized gains (losses) on investments	5	1	85,0	72.
6		6			
7		7			
8		8			
9		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10	1,9	68,2	35.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		· ·		
		г		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	nain on			
			-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were comp reviewed on a separate basis, consolidated basis, or both:	blied or			
	Separate basis Consolidated basis Both consolidated and separate basis		01		
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite	 dana	2b	×	
	separate basis, consolidated basis, or both:	aona			
с	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	sight of			
C	the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	×	
	If the organization changed either its oversight process or selection process during the tax year, exp	L	20	^	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	h in the			
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		vu		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au		3b		
				. 000	(2022)

REV 05/17/23 PRO

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047 $\mathfrak{D} \cap \mathfrak{D} \mathfrak{D}$

Department of the Treasur	y
Internal Revenue Service	

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name	of the	organization
Name	or the	organization

Open to Publi
Inspection

Name of the organization	Employer identification number
AMF INTERNATIONAL, INC.	36-2181970
Part I Reason for Public Charity Status. (All organizations must complete this p	oart.) See instructions.
The organization is not a private foundation because it is: (For lines 1 through 12, check only or	ne box.)
1 A church, convention of churches, or association of churches described in section 17	′0(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)	
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in s hospital's name, city, and state:	section 170(b)(1)(A)(iii). Enter the
5 An organization operated for the benefit of a college or university owned or operated section 170(b)(1)(A)(iv). (Complete Part II.)	ed by a governmental unit described in

- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a,
 - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V.
 - Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. е functionally integrated, or Type III non-functionally integrated supporting organization.

. .

- f Enter the number of supported organizations . . .
- Provide the following information about the supported organization(s) α

g Trovide the following information about the supported organization(s).									
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
			Yes	No					
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support	s quality und		sica below, p	icase comple		
-	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	(b) 2019	(0) 2020	(u) 2021	(e) 2022	
•	membership fees received. (Do not						
		1 526 522	2 001 180	1 070 211	1 993 122	2 258 821	9,862,318.
2	Tax revenues levied for the	1,550,552.	2,094,409.	1,979,344.	1,993,122.	2,230,031.	9,002,510.
2	organization's benefit and either paid to						
	or expended on its behalf						
•	•						
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
4		1 526 520	0 004 400	1 000 244	1 002 100	0 050 001	0.000.010
4	Total. Add lines 1 through 3	1,536,532.	2,094,489.	1,979,344.	1,993,122.	2,258,831.	9,862,318.
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6							137,542.
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support						9,724,776.
-	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,536,532.			1,993,122.		9,862,318.
8	Gross income from interest, dividends,	1,550,552.	2,091,109.	1,5,5,511.	1,000,122.	2,230,031.	5,002,510.
0	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	5,997.	3,459.	1,652.	6,292.	46,994.	64,394.
9	Net income from unrelated business			,		.,	
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	11,070.	6,778.	6,108.	6,614.	6,000.	36,570.
11	Total support. Add lines 7 through 10						9,963,282.
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the		s first, second	l, third, fourth,	or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop he						🗌
Secti	on C. Computation of Public Suppo		-				
14	Public support percentage for 2022 (line					14	97.61%
15	Public support percentage from 2021 Sch					15	97.42%
16a	33 ¹ / ₃ % support test-2022. If the organ						
	box and stop here . The organization qua	-		-			
b	33 ¹ / ₃ % support test-2021. If the organithis box and stop here. The organization						
4-		-		-			
17a	10%-facts-and-circumstances test-2	•					
	10% or more, and if the organization m						
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
	0						
b	10%-facts-and-circumstances test-2	•					
	15 is 10% or more, and if the organization in Part VI how the organization meets the						
	organization						
18	Private foundation. If the organization						
10	instructions						
							• · · · · · · · · · · · · · · · · · · ·

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						_
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
-	,						
с 8	Add lines 7a and 7b						
0	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(a) 2010	(b) 2019	(0) 2020	(u) 2021	(e) 2022	
10a	Gross income from interest, dividends,						
iva	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		
	organization, check this box and stop he						
	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line					15	%
<u>16</u>	Public support percentage from 2021 Scl					16	%
	on D. Computation of Investment In		-	by line 12 colu	imp (f))	17	0/
17 18	Investment income percentage for 2022 (Investment income percentage from 202			-		17	<u>%</u>
18 19a	33 ¹ / ₃ % support tests – 2022. If the organ					-	
198	17 is not more than $33^{1/3}$ %, check this box						
b	33 ¹ / ₃ % support tests – 2021. If the organiz	-	-	-		-	
D.	line 18 is not more than $33^{1}/_{3}$ %, check this						
20	Private foundation. If the organization di	-	-	-			
		a not oncon u	237 31 110 14	,, 51 100, 1		a. 14 000 1100	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part **VI** how providing such benefit carried out the purposes of the supported organization(s) that operated. supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

3b

Yes No

Yes No

1

2

1

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	3-
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
		<u> </u>		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	1
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish of	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted 2	
3	Administrative expenses paid to accomplish exempt purp	nizations 3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	VI) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive 8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	D
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required – <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

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Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Pt II Ln 10: Other Income Part II, Line 10 Description: MISCELLANEOUS RECEIPTS	
2018: 11070. 2019: 6778. 2020: 6108. 2021: 6614. 2022: 6000.	

	DULE D	Supplemental Financial Statements OMB No. 1545-004							
(Form	2022								
D), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. .ttach to Form 990.		Open to Public				
	ent of the Treasury Revenue Service		<i>m</i> 990 for instructions and the latest information. Inspection						
Name o	f the organization	•		Employe	r identification number				
-	INTERNATIO			36-218					
Par			sed Funds or Other Similar Funds	s or Ac	counts.				
	Compl	ete if the organization answered "							
1	Total number	at end of year	(a) Donor advised funds	(1	b) Funds and other accounts				
2		ue of contributions to (during year)							
3		ue of grants from (during year)							
4		ue at end of year							
5			advisors in writing that the assets hele						
			organization's exclusive legal control?						
6	•	•	d donor advisors in writing that grant						
			of the donor or donor advisor, or for						
Par		rvation Easements.							
I al		ete if the organization answered "	Yes" on Form 990. Part IV. line 7.						
1		conservation easements held by the o							
	• • • •	of land for public use (for example, recrea	<u> </u>	a histor	rically important land area				
	Protection	of natural habitat			ied historic structure				
_		on of open space							
2	-		d a qualified conservation contribution	in the f					
		the last day of the tax year.			Held at the End of the Tax Year				
a L				. 2					
b C	-	-	storic structure included in (a)						
d			acquired after July 25, 2006, and not o						
					d				
3	Number of co	nservation easements modified, trans	ferred, released, extinguished, or term	inated t	by the organization during the				
	tax year								
4		tes where property subject to conserv							
5			arding the periodic monitoring, inspe ements it holds?						
<u> </u>					· · · · L Yes L No				
6	Stall and volun	teer nours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conserv	ation easements during the year				
7	Amount of exp	enses incurred in monitoring, inspecting	g, handling of violations, and enforcing c	onserva	tion easements during the year				
			,						
8			(d) above satisfy the requirements of se						
9		•	onservation easements in its revenue a	•					
		accounting for conservation easemer	the footnote to the organization's finar	iciai sta	tements that describes the				
Part	-		of Art, Historical Treasures, or C)ther S	imilar Assets				
T all	•	ete if the organization answered "							
1a	•		B ASC 958, not to report in its revenue	e statem	ent and balance sheet works				
	of art, historic	al treasures, or other similar assets	held for public exhibition, education,	or rese	arch in furtherance of public				
			o its financial statements that describe						
b			B ASC 958, to report in its revenue st						
			for public exhibition, education, or rese	earch in	furtherance of public service,				
		llowing amounts relating to these item	5.		¢				
	(i) Revenue in	Iciuaea on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · ·		• • •				
2	If the organize	ation received or held works of art	historical treasures, or other similar a		or financial gain provide the				
2	•	unts required to be reported under FA		00010 1	or manolar gain, provide the				
а			· · · · · · · · · · · · · · ·		\$				
b	Assets include	ed in Form 990, Part X			\$				

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued). 3 Using the organization's acculation, accosesion, and other records, check any of the following that make significant use of its collection items (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research e Other Other c Presevation for future generations e Other Items assets to be sold to raise funds after than to be maintained as part of the organization's collection? Yes No Powide a description of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ite to spainization an agent, thustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ite to reganization an agent, that and complete the following table: c Beginning balance	Schedu	e D (Form 990) 2022								Page 2
collection items (check all that apply): a Construction items (ch	Part	III Organizations Maintaining	Collections	of Art, His	torical 1	Freasures	, or O	ther Similar As	sets (con	tinued)
b Scholarly research e Other c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	3			d other reco	rds, chec	k any of th	e follov	ving that make s	ignificant ι	ise of its
b Scholarly research e Other c Prexide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, idd the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X? No Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 10	а	Public exhibition		d	🗌 Loan	or exchang	e progi	ram		
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research								
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization solicit or rocavix donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	с				_					
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves No Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 4 c Beginning balance 1d	4	Provide a description of the organization		ons and expl	ain how t	hey further	the org	ganization's exen	npt purpos	e in Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves No Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 4 c Beginning balance 1d	5	During the year, did the organization	solicit or rec	eive donatior	ns of art.	historical tr	reasure	s. or other simila	ar	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?. Image: Complete if the organization part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Beginning of year balance Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Beginning of year balance Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Beginning of year balance Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Beginning of year balance Image: Complete if the organization set the task if the organization set t										No
Complete if the organization an swered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Complete intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not include an Form 990, Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII. Image: Complete in the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete in the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete in the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete in the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete in the organization set on the possible of the organization by: 0 Gr	Part					-				
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Control of Contrented Control of Control of	T all t	Complete if the organization	•	Yes" on Fo	m 990, I	Part IV, line	e 9, or	reported an an	nount on F	orm
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance	1 a	Is the organization an agent, trustee								
c Beginning balance . Ite d Additions during the year . Ite e Distributions during the year . Ite f Ending balance . Ite a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions Image: Complete if form organization answered "Yes" on Form 990, Part IV, line 10. Contributions Image: Complete if form organization answered "Yes" on Form 990, Part IV, line 10. G Grants or scholarships Image: Complete if form organization answered "Yes" on Form 990, Part IV, line 11a. g End of year balance Image: Complete if form organization and the possession of the organization form organization form organization by: (i) Unrelated organizations Image: Complete if the organization answered "Yes" on Form 990, Part IV,	h									
c Beginning balance . 1c 1d d Additions during the year . 1d 1d 2a Distributions during the year . 1e 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or outsdollal account liability? Yes . No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . Part V Endowment Funds. Complete if the organization answered "Yes." on Form 990, Part IV, line 10. 1a Beginning of year balance	D	in res, explain the analygement in r			nowing a	able.		Δ	mount	
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d Grants or scholarships	Ū									
e Other expenditures for facilities and programs	Ь									
programs		•								
f Administrative expenses	Ū									
g End of year balance	f									
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e Other		-	. ⊨ –		1	87,928.		174,260.	13	3,668.
										,
		Add lines 1a through 1e. (Column (d) n	nust equal Fo	rm 990, Part	X, columr	n (B), line 10)c.) .		292	2,539.

Schedule D (Form 990) 2022 Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives . . . (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) ANNUITY LIABILITY 0 (3) RETIREMENT LIABILITY 8,377 (4) (5) (6) (7) (8) (9) 8,377. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Schedu	e D (Form 990) 2022				Page 4
Part			-	Returr	ı.
	Complete if the organization answered "Yes" on Form 990,	Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	2,496,897.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	185,072.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	185,072.
3	Subtract line 2e from line 1			3	2,311,825.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.) .		5	2,311,825.
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents W	ith Expenses pe	er Retu	
	Complete if the organization answered "Yes" on Form 990,	Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements			1	2,348,565.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	2,348,565.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	ne 18.) .		5	2,348,565.
Part					
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				

Schedule D (Fo	orm 990) 2022	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE F (Form 990)	Statement of Activities Outside the United States	OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 1 Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for instructions and the latest information.	6.	2022 Open to Public Inspection	
Name of the organization		Employe	r identification nur	nber
AMF INTERNATIC	NAL, INC.	36-21	2181970	
	I Information on Activities Outside the United States. Complete if the orga D, Part IV, line 14b.	Inization	answered "Ye	⊧s" on
other assistar	ters. Does the organization maintain records to substantiate the amount of its grace, the grantees' eligibility for the grants or assistance, and the selection criteria ints or assistance?	used to	o] No
2 For grantmal outside the U	ters. Describe in Part V the organization's procedures for monitoring the use of its nited States.	grants a	and other assis	tance

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

1 0 (· · · /	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Middle East	2	2	PROGRAM SERVICES	MINISTRY	74,500.
(2) Europe	3	4	PROGRAM SERVICES	MINISTRY	171,759.
(3) North America	2	3	PROGRAM SERVICES	MINISTRY	55,991.
(4) South America	1	1	PROGRAM SERVICES	MINISTRY	61,101.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	8	10			363,351.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	8	10			363,351.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			North America	Ministry	17,765.	CHECK			
(2)			Middle East	Ministry	30,000.	CHECK			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2	exempt 501(c)(3) organizatio	n by the IRS, or for	sted above that are which the grantee or ottes .	counsel has provid	led a section 501(c)(3	3) equivalency letter	🕨	

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(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
(1) Missionary support	North America	4	4,514.	EFT			
2) Missionary support	Europe	2	17,165.	EFT			
3)							
4)							
5)							
6)							
7)							
8)							
9)							
0)							
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							

Page 3

Sched	ule F (Form 990) 2022		Page
Part	IV Foreign Forms		1
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	🗙 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	🗙 No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		

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Instructions for Form 5713; don't file with Form 990).

Schedule F (Form 990) 2022

Yes

🗙 No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Pt I Line 2: WRITTEN REPORTS ARE RECEIVED ON A REGULAR BASIS INDICATING HOW
FUNDS HAVE BEEN USED FOR THE MINISTRY.

SCHEDULE I Grants and Other Assistance to Organizations,						OMB No. 1545-0047			
(Form 990) Governments, and Individuals in the United States							2022		
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.							Open to Public Inspection		
Name of the organization								Employer	identification number
AMF INTERNATIO	AMF INTERNATIONAL, INC.					36-21	81970		
		n on Grants and							
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 									
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.									
1 (a) Name and address or governme	•	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista		(h) Purpose of grant or assistance
(1) Christian & Missic 8595 Explorer Drive Colorado		· · · · · · · · · · · · · · · · · · ·		108,997.					Ministry
(2)									
(3)									
(4)									

(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
3 Enter total number of other organizations listed in the line 1 table							

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA

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Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.						
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
_1							
2							
3							
4							
5							
6							
7 Part IV	Supplemental Information. Provide	the information r	aquirad in Dart L li		n (b), and any other addit	ional information	
	Supplemental mormation. Provide		equired in Part I, in		n (b), and any other addit		
			PO				

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information.	- F	OMB No. 1545-0047						
Department of the Treasury Internal Revenue Service	of the Treasury Attach to Form 990 or Form 990-EZ.								
Name of the organization		Employer iden	tification number						
AMF INTERNATIO	NAL, INC.	36-21819	70						
Pt VI, Line 11b: Form 990 was reviewed by the Executive Director, Administrative									
Director, Finance Office, and members of the audit committee on behalf of the									
Board of Direc	tors prior to filing.								
Pt VI, Line 12	c: Board agenda includes formal disclosure annually.								
Pt VI, Line 15	a: Finance committee does this as part of the annual l	budgeting							
process.									
Pt VI, Line 19	: All documents are available to the public upon requ	est.							
Pt VI, Line 2:	John and Ana Devine are husband and wife.								