Form	99	0
1 01111	00	v

For	9	90	1											T	OMB No. 1545-0047
ΓU						o f Orga c), 527, or 49									2022
Dep	artment	of the Treasury venue Service			•	enter social s ww.irs.gov/Fo	• • •				• • •				Open to Public Inspection
Δ		he 2022 calend	dar v				111990			2022. and			•		. 20
B		if applicable:			year be	giining			,	2022, 0110	renaing		D Employ		ification number
-		ddress change	амр		NRS FOI	R CHRIS	т т	NTERNA	TTONAT	Г. —			58-	1303	476
		ame change		, INC.					1101011				E Telepho		
		nitial return	PO	BOX 36	59								(77	0) 9	80-2020
	_	nal return/terminated	ROS	WELL,	GA 30	077							(/ /	0, 0	00 1010
	_	mended return											G Gross r	eceipts	\$ 1,171,749.
	A	pplication pending	ΓN	ame and add	lress of prine	cipal officer:					н	(a) Is this	a group retur		
			Sam	ne As C	Above	е					н	(b) Are all	subordinates ' attach a list	include	d? Yes No
Ι	Tax	-exempt status:		D1(c)(3)	501(c)		(ins	sert no.)	4947(a)(1) or	527	II NO,	allacii a lisi	. See ins	
J	We	bsite: ww	w.a	fci.us							н	(c) Group	exemption n	umber	
κ	Forr	n of organization:	Хc	orporation	Trust	Associati	ion	Other		L Year of	of formation	n: 197	2 M s	State of I	egal domicile: GA
Pa	nrt I	Summar											•		
	1														ternational -
e															to preach
anc													<u>catal</u>	<u>zst</u>	for revival,
ern	•	evangeli													
Governance	2	Check this bo Number of vo				tion discor								net as	
	4	Number of ind												4	5
Activities &	5	Total number			-		-							5	11
tivit	6	Total number												6	200
AC AC		Total unrelate												7a	0.
	b	Net unrelated	l busi	ness taxa	ble incon	ne from Fo	rm 99	90-T, Part	t I, line 1	1		1		7b	0.
	•	O											rior Year		Current Year
e	8	Contributions Program serv										1	,236,6	58.	1,170,138.
Revenue	9 10	Investment in				÷.								250.	1,611.
Be	11	Other revenue											2	.50.	1,011.
	12	Total revenue											,236,9	908.	1,171,749.
	13	Grants and si											166,6		200,446.
	14	Benefits paid							-				/ \		
_	15	Salaries, othe	er cor	npensatio	n, emplo	yee benefit	ts (Pa	art IX, col	umn (A),	lines 5-1	0)		664,4	152.	732,656.
enses	16a	Professional	fundr	aising fee	s (Part I)	K, column ((A), li	ne 11e)							•
pen	b	Total fundrais	sina e	expenses	(Part IX.	column (D)). line	25)		35,	011				
Expe	17	Other expens											113,9	351	208,220.
	18	Total expense	•		• • •			,					945,0		1,141,322.
	19	Revenue less			-	•				-			291,8		30,427.
78	-											Beginnir	ng of Currer		End of Year
ets (20	Total assets ((Part	X, line 16	j)								.,053,6		1,073,444.
Ass	21	Total liabilitie	•										10,6		0.
Net Assets or Fund Balances	22	Net assets or	fund	balances	. Subtrac	t line 21 fr	om lii	ne 20				1	,043,0		1,073,444.
_	rt II	Signatur											., . 10, (· - · •	-, , , , , , , , , , , , , , , , , , ,
Und	er pena	Ities of perjury, I de	eclare t	hat I have ex	amined this	return, includir	ng acco	ompanying s	chedules an	d statements	s, and to the	e best of m	iy knowledae	and beli	ief, it is true, correct, and
com	plete. D	Declaration of prepa	arer (oth	ner than offic	er) is based	on all information	ition of	which prepa	rer has any	knowledge.					

Sign	Signature of officer			Date							
	DEWELL SM			Chairman							
	Print/Type preparer	r's name	Preparer's signature	Date	Check if	PTIN					
Paid	R. N. Cha	fin, Jr.			self-employed	P00031288					
Preparer	Firm's name	Tripp, Chafin									
Use Only	Firm's address	1225 Johnson	Ferry Rd. #200		Firm's EIN 58-2550336						
		Marietta, GA	30068		Phone no. (7	70) 565-2422					
May the IRS	discuss this ret	urn with the preparer	shown above? See instructions			X Yes No	,				
BAA For Pag	AA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 09/01/22 Form 990 (2022)										

Form	990 (2022) AMBASSADORS FOR	CHRIST INTERNATIONAL	- 58-	1303476 Page 2
Par	5	•		
			s Part III	X
1	Briefly describe the organization's mis			
	See Schedule 0			
2	Did the organization undertake any signif	icant program services during the yea	r which were not listed on the prior	
_	Form 990 or 990-EZ?			···· Yes X No
	If "Yes," describe these new services on			
3	Did the organization cease conducting	, or make significant changes in ho	w it conducts, any program services?	···· Yes X No
	If "Yes," describe these changes on Sche	edule O.		
4	Describe the organization's program s Section 501(c)(3) and 501(c)(4) organ	ervice accomplishments for each of	its three largest program services, as	measured by expenses.
	and revenue, if any, for each program	service reported.	imount of grants and anocations to ou	iers, the total expenses,
4a	(Code:) (Expenses \$	933,764. including grants	of \$ 200,446.) (Revenue	\$)
	AFCI-USA supplements the			
	Gospel of Jesus Christ a			<u>, conferences</u> ,
	training, discipleship a	and other appropriate r	<pre>neans</pre>	
4b	(Code:) (Expenses \$	including grants	of \$) (Revenue	\$)
4c	(Code:) (Expenses \$	including grants	of \$) (Revenue	\$)
			·	·
4d	Other program services (Describe on S	Schedule O.)		
_	(Expenses \$	including grants of \$) (Revenue 💲)
4e	Total program service expenses	933,764.		
DAA				Form 990 (2022)

Form 990 (2022) AMBASSADORS FOR CHRIST INTERNATIONAL Part IV Checklist of Required Schedules

EO 1	202	170	
58-1		4/0	

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
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? If "Yes," complete Schedule C, Part II.	4		Х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I.	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
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? If "Yes," complete Schedule D, Part IV.	9		Х
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		Х
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	Х	
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		Х
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		Х
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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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	Х	
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> .	15	Х	
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		Х
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? If "Yes," complete Schedule G, Part I. See instructions.	17		Х
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>	18		Х
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.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х

Form 990 (2022)

Form 990 (2022) AMBASSADORS FOR CHRIST INTERNATIONAL Part IV Checklist of Required Schedules (continued) (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		Х
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 employees? <i>If "Yes," complete Schedule J</i> .	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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? <i>If "Yes," complete Schedule L, Part I.</i>	25a		Х
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? If "Yes," complete Schedule L, Part I.	25b		Х
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		Х
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		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
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.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance 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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.		
	(gambling) winnings to prize winners?	1c		

Page 4

58-1303476

Form	990 (2022) AMBASSADORS FOR CHRIST INTERNATIONAL - 58-130347	6	F	age 5
Par	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 State- ments, filed for the calendar year ending with or within the year covered by this return 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
		0.0		
	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		Х
b	If "Yes," enter the name of the foreign country			
F .	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	.		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		Λ
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	50		
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or 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?			X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7u 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			v
d	Form 8282?	7c		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	. 9		
•	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 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 10a			
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:			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified 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		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	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		х
	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? If "Yes," complete Form 4720, Schedule O.	16		Х
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

Form 990 (2022) AMBASSADORS FOR CHRIST INTERNATIONAL -

58-1303476

Page 6

Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b b	elow,	, and	d for							
	a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan Schedule O. See instructions.	ges	on								
	Check if Schedule O contains a response or note to any line in this Part VI.			. Х							
Sec	tion 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 5 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.										
L											
	Enter the number of voting members included on line 1a, above, who are independent 1b 4 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
2	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6		Х							
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?										
Ь		7a		Х							
U	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?										
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X								
	a The governing body?										
	b Each committee with authority to act on behalf of the governing body?										
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			· · ·							
10	Did the energies include the device the end of the second second of the second s		Yes	No							
	Did the organization have local chapters, branches, or affiliates?	10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	1 0 b									
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	10		V							
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		Х							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c									
	Did the organization have a written whistleblower policy?	13		Х							
	Did the organization have a written document retention and destruction policy?	14		Х							
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official. See . Schedule. 0.	15a	Х								
b	Other officers or key employees of the organizationSee .Schedule.0.	15b	Х								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization is venture to cuch arrangements?	164									
Sec	organization's exempt status with respect to such arrangements?	16b		<u> </u>							
	List the states with which a copy of this Form 990 is required to be filed GA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50										
10	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)		<i>y</i> s on	<i>ر</i> وי							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year. See Schedule O	ole to									
20	State the name, address, and telephone number of the person who possesses the organization's books and records.										
	Darcy Harper PO Box 369 Roswell GA 30077 (404) 277-1039										

Form 990 (2022) AMBASSADORS FOR CHRIST INTERNATIONAL -	58-1303476	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensat	ted Employees	
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	with or within the	
• List all of the organization's current officers, directors, trustees (whether individuals or organizati compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ions), regardless of amount of	

• 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.

		(C)								
(A) Name and title		an ooton it dottoo)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Dan Rudman	40									
Treasurer	0	Х		Х				81,500.	0.	9,300.
_(2) Dewell Smith	2							_	_	_
Chairman	0	Х		Х				0.	0.	0.
_(3) Larry Miller Secretary	<u>2</u>	Х		Х				0.	0.	0.
(4) John Hofstra	2									
Director	0	Х						0.	0.	0.
(5) Mark_Smith	2									
Director	0	Х			-			0.	0.	0.
_(8)										
(10)										
(11)										
(12)										
(13)										
(14)										
ВАА	TEEA0	107L	09/01	/22						Form 990 (2022)

Form 990 (2022) AMBASSADORS FOR CHRIST INTERNATIONAL 58-1303476 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	, , ,	,	<u> </u>		<u> </u>	-	,		3	· ·	-	<u>`</u>	
	(A) Name and title	(B) Average hours per week (list any hours for related organiza - tions below dotted line)	box,	unles er an	heck ss pe	sition more erson	the base of the second	n an tee)	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-271099- MISC/1099-NEC)	comp the o ar	(F) hated amo of other ensation to organizati d related anization	from ion I
(15)													
(16)													
(17)			-										
(18)													
(19)													
(20)			-										
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal								81,500.	0.		9.3	300.
c	Total from continuation sheets to Part VII, Section	on Δ						e	0.	0.			0.
	Total (add lines 1b and 1c)								81,500.	0.		9.3	300.
	Total number of individuals (including but not limited										ensatic		
	from the organization 0											Yes	No
3	Did the organization list any former officer, direc on line 1a? If "Yes, "complete Schedule J for suc	tor, truste h <i>individu</i>	e, ke al	y en	nplo	oyee	e, or	high	nest compensated	employee	3		X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate	er than \$1	50,00)0?	lf "\	Yes,	" con	nple	ete Schedule J for				
5	such individual Did any person listed on line 1a receive or accruit for services rendered to the organization? If "Yes	e comper	isatio	n fro	om ;	anv	unre	late	d organization or	individual	4		X X
Sec	tion B. Independent Contractors	s, compi	ele S	cneu	uie	: 5 10	JI SU	τη μ			3		Λ
	Complete this table for your five highest compen-	sated ind	epend	dent	cor	ntra	ctors	tha	t received more th	nan \$100,000 of			
	compensation from the organization. Report compen		the ca	alenc	lar y	year	endi	ng v		<u> </u>		<u></u>	
	(A) Name and business addr	ress							(B) Description o	of services	Compo	C) ensatio	n
2	Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	o tho	se l	isteo	d abo	ve)	who received more	than			
	and, out of compensation norm the organization	0											

Form 990 (2022) AMBASSADORS FOR CHRIST INTERNATIONAL -

58-1303476

Page 9

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII...... (B) (D) (A) Total revenue (C) Revenue excluded from tax Related or Unrelated exempt business under sections 512-514 function revenue revenue 1a Federated campaigns 1a Grants, Amounts **b** Membership dues..... 1b c Fundraising events..... 1c Gifts, 1d d Related organizations Similar e Government grants (contributions) . . . 1e Contributions, **f** All other contributions, gifts, grants, and and Other similar amounts not included above . . . 1f 1,170,138 g Noncash contributions included in 1g h Total. Add lines 1a-1f 1,170,138 Program Service Revenue **Business Code** 2a b С d е f All other program service revenue.... g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 other similar amounts) 1,611 1,611. Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets 7a other than inventory **b** Less: cost or other basis and sales expenses 7b **c** Gain or (loss)..... 7c d Net gain or (loss) 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Other | 8b **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19. 9a 9b **b** Less: direct expenses..... c Net income or (loss) from gaming activities..... **Da** Gross sales of inventory, less returns and allowances. 10a **b** Less: cost of goods sold.... 10b c Net income or (loss) from sales of inventory. **Business** Code Miscellaneous 11a Revenue b С **d** All other revenue. e Total. Add lines 11a-11d. Total revenue. See instructions 12 1,171,749 0. 0 1,611

Form 990 (2022) AMBASSADORS FOR CHRIST INTERNATIONAL -

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a r		(B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16	200,446.	200,446.		
4 Benefits paid to or for members				
 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to 	90,800.	84,444.	1,816.	4,540
disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7 Other salaries and wages	593,527.	485,536.	90,931.	17,060
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		1007000.		17,000
9 Other employee benefits	24,318.	19,569.	4,008.	741
10 Payroll taxes	24,011.		24,011.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	2,308.		2,308.	
d Lobbying				
e 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 0.) 12 Advertising and promotion 				
13 Office expenses	13,912.	9,284.	4,159.	469
14 Information technology	23,406.	10,017.	13,010.	379
15 Royalties	-,		-,	
16 Occupancy	5,508.		5,508.	
17 Travel	75,313.	70,199.	2,695.	2,419
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				· · · · ·
19 Conferences, conventions, and meetings 20 Interest	845.	410.	419.	16
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,928.		1,928.	
23 Insurance	6,620.		6,620.	
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.)				
a Postage and Shipping	22,889.	16,397.	5,966.	526
b Dues, subscriptions and fees	18,086.	15,648.	1,733.	705
c Meals	12,446.	10,950.	1,138.	358
d Bank & credit card fees	11,179.		3,803.	7,376
e All other expenses	13,780.	10,864.	2,494.	422
25 Total functional expenses. Add lines 1 through 24e	1,141,322.	933,764.	172,547.	35,011
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				
SOP 98-2 (ASC 958-720)				

Form 990 (2022) AMBASSADORS FOR CHRIST INTERNATIONAL Part X Balance Sheet

58-1303476	Page 11
JO IJ0J4/0	i ayc i i

		Check if Schedule O contains a response or note to	o any I	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			217,435.	1	174,953.
	2	Savings and temporary cash investments			826,826.	2	891,481.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er offic contri	cer, director, ibutor, or 35%		5	
	6	Loans and other receivables from other disgualified po		-			
	Ŭ	section 4958(f)(1)), and persons described in section		· ·		6	
	7	Notes and loans receivable, net				7	
ŝ	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges			7,661.	9	3,222.
As	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		17,418.	.,,		0,111
	b	Less: accumulated depreciation.		13,630.	1,718.	1 0 c	3,788.
		Investments – publicly traded securities			1,710.	11	5,700.
	12	Investments – other securities. See Part IV, line 11.		-		12	
	12	Investments – program-related. See Part IV, line 11.				13	
	13 14	Intangible assets.		14			
		Other assets. See Part IV, line 11				15	
	15 16	Total assets. Add lines 1 through 15 (must equal line			1,053,640.	16	1 072 111
	10	Total assets. Add lines T through 15 (must equal line	33)		1,055,640.	10	1,073,444.
	17	Accounts payable and accrued expenses			10,623.	17	
	18	Grants payable			· · ·	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ŝ	21	Escrow or custodial account liability. Complete Part I	V of S	chedule D		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	icer, d itor, oi	lirector, trustee, r 35%		22	
	23	Secured mortgages and notes payable to unrelated th				23	
	23 24	Unsecured notes and loans payable to unrelated third	•			24	
		Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•			25	
	26	Total liabilities. Add lines 17 through 25			10,623.	26	0.
ces	-	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X	10/0201	-	
lan	27	Net assets without donor restrictions		F	995,493.	27	1,060,919.
Bal	28	Net assets with donor restrictions			47,524.	28	12,525.
Fund Balan		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.			11,7521.		127020.
S.	29	Capital stock or trust principal, or current funds		t i i i i i i i i i i i i i i i i i i i		29	
ŝ	29 30	Paid-in or capital surplus, or land, building, or equipm				30	
ŝ		Retained earnings, endowment, accumulated income,		-		30	
As	31 32	Total net assets or fund balances		-	1 042 017		1 070 444
Net Assets or		Total liabilities and net assets/fund balances		L	<u>1,043,017.</u> 1,053,640.	32 33	<u>1,073,444.</u> 1,073,444.
	35	TUTAL HADHINES AND HELASSELS/IUND DAIANCES.					1 11/3 444

Form	1 990 (2022) AMBASSADORS FOR CHRIST INTERNATIONAL - 58-3	1303476		Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,1	71,7	49.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,1	41,3	22.
3	Revenue less expenses. Subtract line 2 from line 1	3		30,4	27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,0	43,0	17.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	1 0		
Der	column (B))	10	1,0	73,4	44.
Par	t XII Financial Statements and Reporting				щ
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
					Х
D	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ate			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?	Uniform	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L
BAA	TEEA0112L 09/01/22		Form	n 990 (2022)

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service	Public Charity Status and Public Support 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.					OMB No. 1545-0047 2022 Open to Public Inspection	
Name of the organization		S FOR CHRIST]	INTERNATIONAL -	-		Employer identifica	
Part I Reason	USA, INC.	vity Status (All o	ragnizations must	compl	oto thic	58-130347 s part.) See instruc	
			For lines 1 through 12,				
1 A church, c 2 A school d 3 A hospital 4 A medical	onvention of church escribed in sectio or a cooperative h	nes, or association of ch n 170(b)(1)(A)(ii). (Att nospital service organ	nurches described in sec ach Schedule E (Form ization described in se	tion 170 990).) ction 17	(b)(1)(A)(0(b)(1)(A	i).	nter the hospital's
5 An organiz	ation operated for (0(b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	or oper	ated by	a governmental unit de	scribed in
	state, or local gov	ernment or governme	ental unit described in s	section 1	70(b)(1)	(A)(v).	
in section	170(b)(1)(A)(vi). (Complete Part II.)		-	ental uni	t or from the general put	lic described
			A)(vi). (Complete Part				
9 An agricultu or universit university:	y or a non-land-gra	zation described in sec nt college of agriculture	e (see instructions). Ente	rated in o r the nar	onjunctione, city, a	on with a land-grant colle and state of the college c	ge r
from activi	ties related to its e t income and unre	exempt functions, sub	oject to certain exception e income (less section	ons: and	(2) no r	utions, membership fee nore than 33-1/3% of it usinesses acquired by t	s support from gross
11 An organiz	ation organized a	nd operated exclusive	ely to test for public saf	ety. See	section	i 509(a)(4).	
or more pu lines 12a t a Type I. A su	ublicly supported on hrough 12d that de apporting organization	rganizations describe escribes the type of si on operated, supervise	ed in section 509(a)(1) (upporting organization d. or controlled by its su	or sectio and con	o n 509(a) oplete lir organizati	ion(s), typically by giving	(3). Check the box on the supported
complete l	Part IV, Sections A	A and B.	t a majority of the directo	ors or trus	stees of t	he supporting organization	on. You must
b Type II. A manageme must com	supporting organiz nt of the supporting plete Part IV, Sect	zation supervised or c organization vested in ions A and C.	ontrolled in connection the same persons that c	with its control or	support manage	ed organization(s), by the supported organization	naving control or on(s). You
c Type III fun organizatio	ctionally integrated on(s) (see instructi	. A supporting organizat ons). You must com	tion operated in connection plete Part IV, Sections	n with, a A, D, an	nd functio d E.	onally integrated with, its	supported
functionall instruction	y integrated. The o s). You must com	progenization generally plete Part IV, Section	r must satisfy a distribu is A and D, and Part V.	ition req	uiremen	supported organization(s) t and an attentiveness	requirement (see
integrated,	or Type III non-fu	inctionally integrated	en determination from supporting organization	า.		а Туре I, Туре II, Туре	e III functionally
		n about the supported					·
(i) Name of supporte	d organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your g	s the tion listed joverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
<u>(</u> A)							
(B)							
(C)							
(D)							
(E)							
Total BAA For Paperwor	Reduction Act N	otice see the Instruc	tions for Form 990 or 9	990-57		Schod	ule A (Form 990) 2022

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-E2. TEEA0401L 09/09/22

AMBASSADORS FOR CHRIST INTERNATIONAL -

Page 2

58-1303476

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.)

Sec	tion A. Public Support	•						
	ndar year (or fiscal year nning 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.")	1,128,797.	1,109,918.	1,094,401.	1,236,658.	1,170,138.	5,739,912.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
	Total. Add lines 1 through 3 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)	1,128,797.	1,109,918.	1,094,401.	1,236,658.	1,170,138.	5,739,912.	
6	Public support. Subtract line 5 from line 4						5,739,912.	
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	1,128,797.	1,109,918.	1,094,401.	1,236,658.	1,170,138.	5,739,912.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,613.	902.	1,453.	250.	1,611.	5,829.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,					0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
	Total support. Add lines 7 through 10						5,745,741.	
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)		
Sec	tion C. Computation of Pu	blic Support P	Percentage					
	Public support percentage for 20	•					99.90%	
15	Public support percentage from	2021 Schedule A,	Part II, line 14			15	99.91%	
16a	33-1/3% support test-2022. If t and stop here. The organization							
b	33-1/3% support test-2021. If the and stop here. The organization	ne organization die n qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	check this box	
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	ind-circumstances	s test, check this I	box and stop here	. Explain in Part	VI how	
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	ind-circumstances est. The organizat	s test, check this l tion qualifies as a	publicly supported	e. Explain in Part d organization	VI how the	
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2022

AMBASSADORS FOR CHRIST INTERNATIONAL -

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.)

Sec	tion 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.							
	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 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	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
_	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c	:)(3)	
-	tion C. Computation of Pul			10 1 10				0
	Public support percentage for 20		••••••				15	00
	16 Public support percentage from 2021 Schedule A, Part III, line 15.						16	010
Sec	tion D. Computation of Inv							
17	Investment income percentage for	•		-			17	00
18	Investment income percentage fi						18	olo
	33-1/3% support tests -2022. If t is not more than 33-1/3%, check 23 1/3%, check	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organiz	ation	
	33-1/3% support tests — 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Schedule A (Form 990) 2022

Page 4

 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

			Yes	No	
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.	1			
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).	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.	2 3a			
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.	3b			
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.	3c			
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.	4a			
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.	4b			
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.	4c			
5a	 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? 				
b					
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c			
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 .	6			
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? <i>If "Yes," complete Part I of Schedule L (Form 990)</i> .	7			
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).	8			
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 .	9a			
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 .	9b			
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.	9c			
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.	10a			
	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.)	1 0 b			
R A A		1.		0000	

Part IV

11 Has the organization accepted a gift or contribution from any of the following persons?

- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described on line 11a above?

Supporting Organizations (continued)

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

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.
- 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 2 benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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 1 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant 3
- 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.

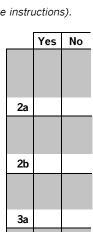
Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С

2 Activities Test. Answer lines 2a and 2b below.

BAA

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.
- 3 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.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.



		Yes	No
;			-
2			
	1		
	•		
	2		

Page 5

58-1303476

	Yes	NO
1		

3

Schedule A (Form 990) 2022

AMBASSADORS FOR CHRIST INTERNATIONAL -

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. 1

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		
	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)
	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		
	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		
	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		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte	earated	d Type III supporting or	nanization

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 AMBASSADORS FOR CHRIST INTERNATIONAL - 58-1

Page 7

58-1303476

r ai		apporting Organiza		<i>u)</i>	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu		1		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e 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 which the organizati in Part VI). See instructions.	ion is responsive (provide	details	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022
1					
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				
a	From 2017				
	• From 2018				
C	: From 2019				
C	From 2020				
e	e From 2021				
	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
ł	Applied to 2022 distributable amount				
	i Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
Ł	Applied to 2022 distributable amount				
C	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 Part VI</i> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
-	Excess from 2019				
C	Excess from 2020				
C	Excess from 2021				
(Excess from 2022				
		1			

BAA

Schedule A (Form 990) 2022

Schedule	В
(Form 990)	

Schedule of Contributors

2022

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service				<i>i.irs.gov/Form990</i> for the latest information.		
Name of the organization AM	BASSADORS	FOR	CHRIST	INTERNATIONAL -	Employer iden	tification number
US					58-1303	476
Ormanization turns (abo						

rganization type (check one).				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

Х	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the
	regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or
	16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or
	(2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year..... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)	1	1	Page 2
Name of organization	Employer identification numbe	r	
AMBASSADORS FOR CHRIST INTERNATIONAL -	58-1303476		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	Fidelity Charitable Gift Fund PO Box 770001	_ _\$42,400.	Person X Payroll Noncash (Complete Part II for
	Cincinnati, OH 45277	-	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Greater Kansas City Community Fdtn	_ _\$43,000.	Person X Payroll Noncash
	Kansas_City, MO_64105	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	National Christian Foundation 11625 Rainwater Drive Suite 50 Alpharetta, GA 30009	- _\$83,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Schwab Charitable Fund 211 Main Street San Francisco, CA 94105	_ _\$ <u>33,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
 (a) No.	211 Main Street	1	Payroll Noncash (Complete Part II for
	211 Main Street San Francisco, CA 94105	 (c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	211 Main Street San Francisco, CA 94105 (b) Name, address, and ZIP + 4 Lakeside Bible Church 18940 Freeport Drive		Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for
(a) No. 5	211 Main Street San Francisco, CA 94105 Name, address, and ZIP + 4 Lakeside Bible Church 18940 Freeport Drive Montgomery, TX 77356 (b)	- (c) Total contributions - \$23,422.	Payroll

Schedule B (Form 990) (2022)	1	1	Page 3
Name of organization	Employer ide	ntification n	umber
AMBASSADORS FOR CHRIST INTERNATIONAL -	58-130	3476	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Fartii	NONCASH Property (see instructions). Use duplicate copies of Part II if additio	nai space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See instructions.)	
		^{\$}	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	L
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>	 \$	
AA	TEEA0703L 07/22/22	Schedule	B (Form 990) (20

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		1 1 Page 4						
Name of orga		. T.	Employer identification number						
	ADORS FOR CHRIST INTERNATION		58-1303476						
Part III			ations described in section 501(c)(7), (8),						
	or (10) that total more than \$1,000	for the year from any one co	ontributor. Complete columns (a) through (e) and						
	the following line entry. For organizations contributions of \$1,000 or less for the year.	Enter this information once. See in	· · · · ·						
	Use duplicate copies of Part III if additional	space is needed.	nstructions.)\$N/A						
(a) No.			(d) Description of how gift is held						
(a) No. from	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift							
Part I									
	<u>N/A</u>								
	L		l						
		(e) Transfer of gift							
	Transferee's name, addres	s and $7IP + 4$	Relationship of transferor to transferee						
	 								
	 								
	L								
(a) Na									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
	L								
	L								
	L								
	(e) Transfer of gift								
	Transferee's name, addres	Transferee's name, address, and ZIP + 4							
			Relationship of transferor to transferee						
	+								
	+								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
from Part I	(b) r urpose or give		(a) Description of now girt is neith						
	+		+						
			+						
			+						
	(e) Transfer of gift								
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee						
	L								
	L								
	L								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
									
	[
	(e) Transfer of gift								
	Transforce's name, addres	Polationship of transformer to transform							
	Transferee's name, addres	Relationship of transferor to transferee							
	 								
	·								
	 								
BAA	1	TEEA0704L 07/22/22	Schedule B (Form 990) (2022)						

			OMB No. 1545-0047		
SCHEDULE D (Form 990)Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			2022		
Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection
Name of the organization				Employer i	dentification number
	R CHRIST INTERNATI	ONAL -		F0 100	2476
USA, INC.	zations Maintaining Do	nor Advised Funds or Other	Similar Funds or A	58-130	
		"Yes" on Form 990, Part IV, line 6.		counts	•
I		(a) Donor advised funds	(b) F	unds and	other accounts
1 Total number at	end of year				
	ntributions to (during year)				
	Ints from (during year)				
	at end of year				
are the organizat	ion's property, subject to the	nor advisors in writing that the asset organization's exclusive legal contro	ol?	· · · · · · L	Yes No
for charitable pur	poses and not for the benefit	rs, and donor advisors in writing tha of the donor or donor advisor, or fo	r any other purpose con	ferrina .	Yes No
	vation Easements.				
		"Yes" on Form 990, Part IV, line 7.			
		/ the organization (check all that app			autout land aven
	f land for public use (for exam natural habitat	ble, recreation or education)	Preservation of a histor Preservation of a certif	2 1	
	of open space	L			
		neld a qualified conservation contribution	n in the form of a conserv	ation ease	ement on the
last day of the ta					
T				eld at the	End of the Tax Year
		to			
•		ments fied historic structure included in (a)			
historic structure	listed in the National Registe	n (c) acquired after July 25, 2006 an	2d		
3 Number of conserv tax year	ration easements modified, trar	sferred, released, extinguished, or terr	ninated by the organizatio	n during tł	ne
4 Number of states	where property subject to co	nservation easement is located			
		garding the periodic monitoring, insp			
		nts it holds? nspecting, handling of violations, and e			Yes No uring the year
7 Amount of expens	es incurred in monitoring, inspe	ecting, handling of violations, and enfor	cing conservation easeme	nts during	the year
8 Does each conse	rvation easement reported of	n line 2(d) above satisfy the requirer	nents of section 170(h)(4	^{4)(B)(i)} г]Yes ☐ No
				L	
include, if applica conservation eas	able, the text of the footnote ements.	orts conservation easements in its r to the organization's financial statem	nents that describes the	organizat	ion's accounting for
Part III Organiz Complete	zations Maintaining Co if the organization answered	l lections of Art, Historical Tre "Yes" on Form 990, Part IV, line 8.	easures, or Other S	imilar A	ssets.
historical treasur	es, or other similar assets he	FASB ASC 958, not to report in its ld for public exhibition, education, o I statements that describes these ite	r research in furtherance	balance s of public	sheet works of art, service, provide in
b If the organizatio historical treasures following amount	n elected, as permitted unde s, or other similar assets held fo s relating to these items:	FASB ASC 958, to report in its rev or public exhibition, education, or resea	enue statement and bala rch in furtherance of publi	ance shee c service,	et works of art, provide the
(i) Revenue incl	uded on Form 990, Part VIII,	line 1			
• •					
amounts required	I to be reported under FASB	istorical treasures, or other similar ass ASC 958 relating to these items:			
		1			
b Assets included i	n ⊦orm 990, Part X			\$	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. TEEA3301L 07/06/22 Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 AMBASS				58-130	0
3 Using the organization's acquisition,	•	-			
items (check all that apply):		_	or exchange program		concetion
b Scholarly research		e Other	exchange program		
c Preservation for future general	tions				
4 Provide a description of the organiza Part XIII.		and explain how they	further the organization's	exempt purpose in	
5 During the year, did the organizati to be sold to raise funds rather that	on solicit or rece an to be maintair	ive donations of art	, historical treasures, or ganization's collection?	other similar assets	Yes No
Part IV Escrow and Custodia reported an amount on Form	al Arrangeme	nts. Complete if the			t IV, line 9, or
1 a Is the organization an agent, truston on Form 990, Part X?	ee, custodian or	other intermediary	for contributions or othe	r assets not included	Yes No
b If "Yes," explain the arrangement in I					
					Amount
c Beginning balance				1c	
d Additions during the year					
e Distributions during the year					
f Ending balance.					
2 a Did the organization include an an					Yes No
b If "Yes," explain the arrangement	in Part XIII. Che	ck here if the explai	nation has been provide	d on Part XIII	
Part V Endowment Funds.	complete if the or	nanization answered	"Yes" on Form 990 Par	t IV line 10	
	(a) Current year	(b) Prior year		(d) Three years back	(e) Four years back
1 a Beginning of year balance	(u) current your		(c) The years such	(u) miles joure such	
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities					
and programs f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	of the current ve	ar end balance (lin	e 1g. column (a)) held a	15.	
a Board designated or guasi-endowr	-	8			
b Permanent endowment	00				
c Term endowment	00				
The percentages on lines 2a, 2b, and	2c should equal	100%.			
3 a Are there endowment funds not in the	e possession of th	e organization that a	re held and administered	for the	·
organization by:	•	3			Yes No
(i) Unrelated organizations					3a(i)
(ii) Related organizations					3a(ii)
b If "Yes" on line 3a(ii), are the relat4 Describe in Part XIII the intended	-	•			3b
Part VI Land, Buildings, and			nit iunus.		
Complete if the organizatio		on Form 990. Part	V. line 11a. See Form 99	0. Part X. line 10.	
Description of property		cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value
	(a) ((investment)	basis (other)	depreciation	
1 a Land					
b Buildings					
c Leasehold improvements					
d Equipment			17 410	10 000	2 700
e Other Total. Add lines 1a through 1e. (Column		Form 990 Port V	17,418.	13,630.	3,788.
BAA	(u) must equal	οπτί 330, Fait Λ, C			<u>3,788.</u> ule D (Form 990) 2022
				Cened	

TEEA3302L 07/06/22

Schedule D	(Form 990) 2022	AMBASSADORS FOR	CHRIST	INTERNAT	IONAL -		58-13034	76 Page 3
Part VII	Investments	- Other Securities.				N/A form 990 Part V lir	no 12	
(a) Descrir		gory (including name of security)		590, Fait IV , IIIE 5) Book value		Method of valuation: C		market value
					(0		ost of enu-or-year	
~ /		.ts.						
(3) Other								
(A) –								
(B)								
(C)								
(D)			_					
<u>(E)</u>			_					
(F)			_					
(G) (H)			_					
$\frac{(\Pi)}{(I)}$			_					
	(b) must equal Form 9	90, Part X, column (B) line 12.)	-					
Part VIII		– Program Related.	<u>· · </u>			N/A		
i art viii	Complete if the c	organization answered "Yes"	on Form (990, Part IV, line	e 11c. See F	orm 990, Part X, lin	ne 13.	
	(a) Description of	investment	(b)	Book value	(c) Meth	od of valuation: Co	ost or end-of-y	ear market value
(1)								
(2)								
(3)								
(4)								
(5) (6)								
(7)								
(8)			_					
(9)								
(10)								
		90, Part X, column (B) line 13.)						
Part IX	Other Assets	s. organization answered "Yes"	on Form (N/A		orm 000 Port V lir	no 15	
			Descriptio			<u>UIII 330, Fait A, III</u>		(b) Book value
(1)		• •						<u>, , , , , , , , , , , , , , , , , , , </u>
(2)								
(3)								
(4) (5)								
(6)								
(7)								
(8)								
(9)								
(10)				15.				
		nl Form 990, Part X, columr	i (B) line	15. <u>)</u>				
Part X	Other Liabilit Complete if the c	rganization answered "Yes"	on Form 9	990. Part IV. line	e 11e or 11f.	. See Form 990. Par	rt X. line 25.	
1.	- 1		scription c			,		(b) Book value
	al income taxes							
(2)								
(3) (4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11) Total (Column	(b) must source Form	100 Part Y column (D) line 2E)						
		190, Part X, column (B) line 25.) In Part XIII, provide the text of the						ty for uncertain
		eck here if the text of the footnote						

Schedule D (Form 990) 2022 AMBASSADORS FOR CHRIST INTERNATIONAL -	58-1303476	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return. N/A	
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 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1.	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return. N/A	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	-	
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA

SCHEDULE F (Form 990)	Statement Complete if the orga	OMB No. 1545-0047			
Department of the Treasury		Open to Public			
Internal Revenue Service	nformation. Employer ide	Inspection ntification number			
Name of the organization AMBA	58-1303				
Part I General Inform on Form 990,	ion answered "Yes"				
1 For grantmakers. Does the grantees' eligibility	stance, nce?XYes No				
	ibe in Part V the organi	zation's procedures	s for monitoring the use of its gra	nts and other assistand	ce outside the
3 Activities per Region.	(The following Part I,	line 3 table can b	e duplicated if additional space	e is needed.)	
(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 i (d) is a program service, describe specific type of service(s) in the region	in (f) Total expenditures for and investments in the region Pt V Pt V
(1) East Asia and Paci	fic	3	Program - grants	Ministry	191,909.
(2) South Asia		2	Program - grants	Ministry	8,537.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
<u>(10)</u>					
<u>(11)</u>					
(12)					
(13)					
<u>(14)</u>					
(15)					
(16)					
(17) 2 Subtatal					
 3a Subtotal b Total from continuation sheets to Part I 		5			200,446.
c Totals (add lines 3a and 3b	,	5		C	200,446.

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

Schedule F (Form 990) 2022

₽ ^									-	Part II	Schedu
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									(a) Name of organization	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.	Schedule F (Form 990) 2022 AMBASS.
izations listed above the grantee or couns ions or entities									(b) IRS code section and EIN (if applicable)	n ce to Organizati ny recipient who i	AMBASSADORS FOR CHRIST INTERNATIONAL
that are recognized el has provided a se							South Asia	East Asia	(c) Region	ons or Entities received more the	IST INTERNAT
as charities by th action 501(c)(3) e							Ministry support	Ministry support	(d) Purpose of grant	Outside the U 1an \$5,000. P	IONAL -
ne foreign country. quivalency letter.							8,537.	191,909.	(e) Amount of cash grant	nited States. (⁹ art II can be d	
, recognized as a t							wire	wire	(f) Manner of cash disbursement	Complete if the uplicated if add	
ax exempt 501(c)((g) Amount of noncash assistance	organization au litional space is	58-13
									(h) Description of noncash assistance	nswered "Yes" (s needed.	58-1303476
► 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2									(i) Method of valuation (book, FMV, appraisal, other)	on Form	Page 2

TEEA3502L 08/18/22

Page 2

BAA	(18)	(17)	(16)	(15)	(14)	(13)	(12)	(11)	(10)	(9)	(8)	9	(6)	(5)	(4)	(3)	(2)	(1)	(a) Ty	Part III 6
																			(a) Type of grant or assistance	Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the o 990, Part IV, line 16. Part III can be duplicated if additional space is needed.
																			(b) Region	AMBASSADORS FOR CHRIST INTERNATIONAL r Assistance to Individuals Outside the United \$ 16. Part III can be duplicated if additional space
																			(c) Number of recipients	utside the Unit
																			(d) Amount of cash grant	ted States. Comple bace is needed.
																			(e) Manner of cash disbursement	te if the organiz
																			(f) Amount of noncash assistance	58-1303476 rganization answered "Yes" on Form
Schedule F																			(g) Description of noncash assistance	58-1303476 d "Yes" on Form
Schedule F (Form 990) 2022																			(h) Method of valuation (book, FMV, appraisal, other)	Tage a

TEEA3503L 08/18/22

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	X 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	X 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 Instructions for Form 5713; don't file with Form 990)	Yes	X No

TEEA3505L 08/18/22

Schedule F (Form 990) 2022

Page 5

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.

Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

Reports, communications and visits

Part I, Line 3f - Method of Accounting

Accrual

Part I, Line 3f - Investments & Expenditures Per Region

Ministry support

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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



Name of the organization AMBASSADORS FOR CHRIST INTERNATIONAL -	Employer identification number
	58-1303476

Form 990, Part III, Line 1 - Organization Mission

Ambassadors for Christ International - USA is a fellowship of gospel preachers and teachers whose mission is to preach Christ, edify the Church, and to glorify God and serve as a catalyst for revival, evangelism, and training of Christians throughout the world.

Form 990, Part VI, Line 11b - Form 990 Review Process

Chairman and CFO review form 990 prior to filing. Copies are provided to the board members.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Salaries are reviewed and approved with each annual budget.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Salaries are reviewed and approved with each annual budget.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Documents are made available upon request.