

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning , 2021 , and ending , 20																										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization AMC SUPPORT INC</td> <td>D Employer identification number 20-8287870</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3">E Telephone number</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">274 CEDAR GROVE CHURCH ROAD</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code Laurens, SC 29360</td> <td>G Gross receipts \$ 134,901</td> </tr> <tr> <td colspan="2">F Name and address of principal officer:</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2"></td> <td>H(c) Group exemption number ▶</td> </tr> </table>	C Name of organization AMC SUPPORT INC		D Employer identification number 20-8287870	Doing business as		E Telephone number	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	274 CEDAR GROVE CHURCH ROAD		City or town, state or province, country, and ZIP or foreign postal code Laurens, SC 29360		G Gross receipts \$ 134,901	F Name and address of principal officer:		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "No," attach a list. See instructions			H(c) Group exemption number ▶
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																										
J Website: ▶ WWW.AMCSUPPORT.ORG																										
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 2006 M State of legal domicile: SC																									

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDE EDUCATIONAL RESOURCE INFORMATION TO AMC FAMILIES AND THE MEDICAL FIELD TO OVER 1000 PEOPLE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1
	6	Total number of volunteers (estimate if necessary)	6	25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	63
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 191,316	Current Year 134,838
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	132	63
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	191,448	134,901
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,768	13,791
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		23,498
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	75,230	71,645
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	85,998	108,934
19	Revenue less expenses. Subtract line 18 from line 12	105,450	25,967	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 645,726	End of Year 673,570
	21	Total liabilities (Part X, line 26)		877
	22	Net assets or fund balances. Subtract line 21 from line 20	645,726	672,693

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here		▶ ANI SAMARGIAN MAHAN Signature of officer		
		▶ ANI SAMARGIAN MAHAN, FOUNDER Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	CARL ODEN CPA		01-19-2022	P01218238
	Firm's name ▶ CARL G ODEN CPA INC	Firm's EIN ▶		
Firm's address ▶ 2973 W SR 434 SUITE 100 Longwood FL 32779	Phone no.		407-682-7772	

May the IRS discuss this return with the preparer shown above? See instructions Yes No