Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

▶ Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

<u> </u>	For th	e 2013 cale	ndar year, or tax year beginning , 2013, and ending		, 20			
В	Check	f applicable.	C Name of organization American Military Family	D Emplo	yer identification number			
	Addres	s change	Doing Business As		20-2123864			
$\overline{\Box}$	Name o	-	Number and street (or P O. box if mail is not delivered to street address) Room/suite	E Teleph	one number			
\neg	Initial re	•	P.O. Box 1101		303 746-8195			
H	Termina			000 740 0100				
ㅂ			City or town, state or province, country, and ZIP or foreign postal code	G Gross	receipts \$ 167,350			
근		ed return	Brighton, CO 80601-0101					
ш	Applica	tion pending			or subordinates? Yes V No			
_					es included? L Yes L No a list (see instructions)			
<u> </u>		empt status:	13 301(0)(0) 13 301(0)(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
7	Websit			oup exemptio				
K				05 M Stat	e of legal domicile CO			
ناو	art I	Summ						
-	1	=	scribe the organization's mission or most significant activities:					
Activities & Governance	1	Please se	e Schedule O for complete description.					
Ē								
ě	2		is box $lacktriangle$ if the organization discontinued its operations or disposed of more th	,	f its net assets.			
ဖိ	3		of voting members of the governing body (Part VI, line 1a)		7			
o5	4	Number of	of independent voting members of the governing body (Part VI, line 1b)		6			
ţį	5	Total nun	nber of individuals employed in calendar year 2013 (Part V, line 2a)	. 5	2			
Ę.	6	Total nun	nber of volunteers (estimate if necessary)	. 6	25			
Ş	7a	Total unre	elated business revenue from Part VIII, column (C), line 12	. 7a	0			
	Ь	Net unrel	ated business taxable income from Form 990-T, line 34	. 7b	0			
_			Prior	r Year	Current Year			
a	8	Contribut	ions and grants (Part VIII, line 1h)	188,548	118,664			
Ž	9		service revenue (Part VIII, line 2g)					
4.8	10	-	nt income (Part VIII, column (A), lines 3, 4, and 7d)	6	3			
2014 Revenue	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,261	27,980			
2	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	189,815				
4	13		nd similar amounts paid (Part IX, column (A), lines 1-3)					
7	14		paid to or for members (Part IX, column (A), line 4)					
¥s	15	-	other compensation, employee benefits (Part IX, column (A), lines 5-10)	26,668	36,116			
≥Šŝ	16a		nal fundraising fees (Part IX, column (A), line 11e)					
Og	b		draising expenses (Part IX, column (D), line 25)	t	, , ,			
ΠīΩ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	142,125	113,988			
Z	18		enses. Add lines 13–17 (must equal-Part.IX, column (A), line 25)	168,793				
8	19	-	less expenses. Subtract line 18 from line 12	21,022				
CI	1	1.010.100		Current Year				
(A)	20	Total asse	ets (Part X, line 16)	42,689	44,364			
Ass	21		"" (D 1 V II 00) [O] ADD # # [O]	3,413				
Net Assembly ANNED MAY Expenses	22		s or fund balances. Subtract line 21 from line 20	39,326				
	art II		ure Block	00,020	4.7970			
			y, I declare that I have examined this return, including accompanying schedules and statements, and to	o the best of	my knowledge and belief, it is			
tru	е, сопес	t, and comple	ete Declaration of preparer (other than officer) is based on all information of which preparer has any known	owledge	,			
		The cal	1. A. i. W. 1. lea D. al & Het hand	4/12	14			
Sig	an n	Signa	ture of officer	Date				
He	-		bbie Quadrenbush NCEI himsels					
		Type	or print name and title	,				
			p preparer's fame /// Preparet's signer P		PTIN			
Pa		NM	UKPTYALI OCH VX 1/401 (1844 KEUN - 09 129 121	heck self-em				
	epare		me ► Nonprofit Technical Assistance Center, Inc.	irm's EIN ▶	61-1432100			
US	e Onl			hone no.	303 321-8496			
Ma	v the IF		this return with the preparer shown above? (see instructions)	none no.				
			tion Act Notice, see the separate instructions. Cat No. 11282Y	<u> </u>	Form 990 (2013)			

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•	ME		20,000,000	,
	90 (2013) 47/1/1	 	20-2123864	Page 2
Part	Statément of Program Service Ac Check if Schedule O contains a resp		ort III	[2]
1	Briefly describe the organization's mission:		-an m	<u>· · · · 🖳</u>
	,			
	Please see Schedule O for complete description			
2	Did the organization undertake any signification prior Form 990 or 990-EZ?			☐ Yes ☑ No
	If "Yes," describe these new services on Sc	hedule O.		
3	Did the organization cease conducting, of services?	or make significant changes in l	now it conducts, any program	☐ Yes
	If "Yes," describe these changes on Schedu			
4	Describe the organization's program service expenses. Section 501(c)(3) and 501(c)(4) of the total expenses, and revenue, if any, for expenses is a service or servic	rganizations are required to repor		
4a	(Code:) (Expenses \$ 144	4,668 including grants of \$) (Revenue \$)
	Please see Schedule O for complete description			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	~··			
4d	Other program services (Describe in Schedul	le ())		
_	(Expenses \$ including grants)	
4e	Total program service expenses ▶	144,668		

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	1	<u></u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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		▼
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>	ļ — —	<u> </u>
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		✓_
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
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? If "Yes," complete Schedule F, Parts III and IV.	16		<u>·</u> ✓
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		<u>·</u> ✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	· ·
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		√
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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? If "Yes," complete Schedule J	23		1
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u>√</u> ✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<u>√</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	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		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	_	✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	1	<u> </u>
		Form	990	2012)

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20-2123864 Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			<u>. [</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	L.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	2	ļ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)]	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		√
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ł	1	l
	account)?	4a	ł	✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.]		,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		}
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	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 Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:] .]		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:	i i	ĺ	
a	Gross income from members or shareholders		Ì	
þ	Gross income from other sources (Do not net amounts due or paid to other sources	} }	1	
	against amounts due or received from them.)	امدا	ļ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes" extent the amount of tax exempt interest received on approach during the year.	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		J	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which		İ	
b	About a control of the Control of th		ļ	
_	the organization is licensed to issue qualified health plans		Ì	
C 140	<u> </u>	140		
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-+	√
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	_ 1	_

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Part VI	Governance, Management, and Disclosure For each "Yes" response to	lines 2	through	7b below,	and for a "N	VO'
	response to line 8a, 8b, or 10b below, describe the circumstances, processes,	or chan	ges in Sci	hedule O. S	ee instruction	S.
	Check if Schedule O contains a response or note to any line in this Part V	<u>l </u>	<u>.</u>	<i></i>	<u> </u>	$\square$
Section A	Governing Body and Management					

Seci	tion A. Governing Body and Management				<b>,</b> .
		1 4		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 7	4	1	[
	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 in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 6	il .	}	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?				
3	Did the organization delegate control over management duties customarily performed by or		2	1	<del> </del>
3	supervision of officers, directors, or trustees, or key employees to a management company or other		3	ļ	1
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		1
5	Did the organization become aware during the year of a significant diversion of the organization		5		1
6	Did the organization have members or stockholders?		6		1
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?		7a	<u> </u>	/
b	stockholders, or persons other than the governing body?		7b		✓
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during			'
а	The governing body?		8a	1	
b	Each committee with authority to act on behalf of the governing body?		8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be appreciately a self-control of the control of the cont				
Cast	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		_
Secu	ion B. Policies (This Section B requests information about policies not required by the	a irrierriar neveri	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	•	10a		<b>✓</b>
b	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 exem	pt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befor	e filing the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				ا ا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	<b>√</b>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	<b>✓</b>	<del></del>
С	Did the organization regularly and consistently monitor and enforce compliance with the public describe in Schedule O how this was done		12c	1	<del>-,-</del>
13	Did the organization have a written whistleblower policy?		13		<b>√</b>
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a	nd approval by	14		<u> </u>
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	·/	
b	Other officers or key employees of the organization		15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year?	ar arrangement	16a		
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 organization's exempt status with respect to such arrangements?		16b		Ì
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ None				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar available for public inspection. Indicate how you made these available. Check all that apply.	nd 990-T (Section	501(	c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Sch				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documer financial statements available to the public during the tax year.	nts, conflict of inte	erest p	olicy,	, and
20	State the name, physical address, and telephone number of the person who possesses the bo	oks and records	of the		
	organization: ► Rose Ramirez, 4433 Mt. Harvard Street, Brighton, CO 80601; 303 907-6966				

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Form	990	(2013)

Part VII	Compensation of Officers, Directors, Trustees, Key Employe	ees, Highest	Compensate	d Employees,	and
	Independent Contractors				

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 Compensated Employees

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization n	or any relate	ed org	aniz	zatio	n c	ompe	ensa	ated any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list an hours for related organizations below dotted	do x, offici Individua	not cl unle: er an	Pos heck ss pe	c) sition more rson	e than o	one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated
(1) Debbie Quackenbush, President of Board	1-2	<del> </del>		1		ä	   	0	0	0
(2) Michelle Benavidez, Vice-President of Board	1 - 2			1				0	0	0
(3) Becky Combs, Member at Large	1 - 2	/						0	0	0
(4) Greg Watson, Member at Large	1-2						-			0
(5) Dawn Medford, Member at Large	1 - 2		-				_			0
(6) Genie Mjelde, Member at Large	1 - 2									0
(7) Erik Klinger, Member at Large	1 - 2	1			_	-				0
(8) Debbie Quackenbush, Executive Director	20 - 25 +				/				0	0
(9) Rose Ramirez, Operations Director	20 - 25 +				1				0	0
(10)										
(11)										
(12)							_			
(13)	ļ			-			-			
(14)	<del> </del>									
(5) Dawn Medford, Member at Large  (6) Genie Mjelde, Member at Large  (7) Erik Klinger, Member at Large  (8) Debbie Quackenbush, Executive Director  (9) Rose Ramirez, Operations Director  (10)  (11)	1 - 2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						0 0 0 20,299 13,251	0	

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Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, a	nd F	lighe	st C	ompensated E	mployees (co	itinued)		
						C)							
	(A)	(B)	(do n	ot ch		more	e than e	one	(D)	(E)		(F)	
	Name and title	Name and title Average box, unless person is both			n an	Reportable	Reportable		Estimated				
		hours per week (list any			_	1	or/trus	÷	compensation	compensation from	omi	amount of other	i
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form	the	organizations		ompensati	on
		related organizations	lirec	럂	邑	em	nest	mer	organization (W-2/1099-MISC)	(W-2/1099-MIS		from the organizatio	'n
		below dotted	학	опа		Bo	8 2		(44-27 1099-141130)			and related	
		line)	l st	á		)ee	l de		1	1	0	rganization	าร
			6	stee			ısatı	1					
					_	_	<u>&amp;</u> _	<u> </u>	ļ <u>.</u>				
(15)		ļ			ł	}		l	}	}	1		
					_	_	<u> </u>						
(16)		ļ											
(47)		<del> </del>						-	<del> </del>				
(17)		ļ											
(4.0)		<del>                                     </del>				_		<u> </u>					
(18)							ĺ		1		-		
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327/				ı						ı			
(25)				_		-							
(20)		<b></b>											
1b	Sub-total	L				لــــا			33,550		0		
c	Total from continuation sheets to Part			•	•	• •	•	•	33,330		<del>-</del>		
d	Total (add lines 1b and 1c)			•	•	•	•		33,550		0		
2	Total number of individuals (including but	not limited	to th		liet	ed :	ahove	) w/		ore than \$100			
_	reportable compensation from the organi			036	1131	Cui	20000	,, <b>**</b> 1	no received in	ore than \$100,	000 01		
		100	J.1.C	_						<del> </del>		Yes	No
3	Did the organization list any former of	ficer, direct	tor, o	r tru	uste	e, I	key e	mp	loyee, or high	est compensa	ated 🗀	7 1 1	19.57
	employee on line 1a? If "Yes," complete \$										~ ~	3	1
4	For any individual listed on line 1a, is the	sum of rep	ortat	ole d	com	per	nsatio	n ai	nd other comp	ensation from	the T	. hh	7 7
	organization and related organizations	greater tha	an \$1	50,0	000	? If	"Yes	s," (	complete Sch	edule J for s	uch 🗀	一年 はまり	,
	individual											4	✓
5	Did any person listed on line 1a receive o									ation or indivi	dual 📑	br 4.	
	for services rendered to the organization?	If "Yes," c	omple	ete S	Sch	edu	ile J f	or s	uch person			5	/
Section	on B. Independent Contractors												
1	Complete this table for your five highest of												
	compensation from the organization. Rep	ort comper	nsatio	n fo	or th	e ca	alend	ar y	ear ending with	h or within the	organiz	ation's ta	ax
	year.												
	(A)								(B)	}		(C)	
	Name and business addi	ress							Description of se	ervices	Comp	ensation	
None													
	<del></del>						ل ــــــــــــــــــــــــــــــــــــ	.,	<u> </u>	<del></del>			
2	Total number of independent contractor							the		ove) who	و والجاري	当场态数	
	received more than \$100,000 of compens	auon from	ine or	gan	ızat	ion			None	1.55.7	13 6 3 14		

Form **990** (2013)

Form 990 (2013)

Part VIII Statement of Revenue

20-21236/

		Check if Schedule O contains a response or note t	o any line in this	Part VIII		🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a				1 -
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	]			
S, (Am	C	Fundraising events 1c	]			1
ia ii	d	Related organizations 1d	1 1		}	
ns,	е	Government grants (contributions) 1e 32,528	.			,
er S	f	All other contributions, gifts, grants,				
년 본	1	and similar amounts not included above 1f 78,196	1 1			-
a g	g	Noncash contributions included in lines 1a-1f: \$ 7,940				
<u>0 8</u>	<u> </u>	Total. Add lines 1a–1f	118,664	··· <u>·</u>		
2	_	Business Code				
e	2a					
e E	b					
ξ	C					<del> </del>
Š	d					
펼	e	All the				
Program Service Revenue	1	All other program service revenue .				<u> </u>
	3	Total. Add lines 2a-2f ▶  Investment income (including dividends, interest,			<del></del>	<del></del>
	"	and other similar amounts)	ا			
	4	Income from investment of tax-exempt bond proceeds	3			<del> </del>
	5	Royalties	<del></del>		<del></del>	<del> </del>
		(i) Real (ii) Personal				<del>                                     </del>
	6a	Gross rents	· · · · · · · · · · · · · · · · · · ·			-
	ь	Less: rental expenses	Ì			i.
	C	Rental income or (loss)	]			
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less: cost or other basis				,
		and sales expenses .				
	С	Gain or (loss)			3	
	d	Net gain or (loss)				
enu	8a	Gross income from fundraising				,
Other Rever		events (not including \$				
Re		of contributions reported on line 1c).			•	'
her		See Part IV, line 18 a 45,823				
<u>5</u>		Less: direct expenses b 20,703				
		Net income or (loss) from fundraising events .	25,120		-	
	ya	Gross income from gaming activities. See Part IV, line 19		1		<b>,</b> ,
		2,000				
		Less: direct expenses b				
ľ	100	Net income or (loss) from gaming activities   Gross sales of inventory, less	2,860			<del></del>
	iva	returns and allowances a				
	h	Less: cost of goods sold b		, r	•	
	C D	Net income or (loss) from sales of inventory				
}		Miscellaneous Revenue Business Code			<del></del>	
ŀ	11a					
l	b					
	c					
1	d	All other revenue				
1	е	<b>Total.</b> Add lines 11a–11d		-		
- 1	12	Total revenue. See instructions.	146 647			

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pront of Eurotional Expanses

	Statement of Functional Expenses			<del></del>	<del>/</del>
Section	on 501(c)(3) and 501(c)(4) organizations must com	<del></del>	<del></del> _		olumn (A).
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			- ,	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16			,	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	33,550	30,900	2,650	
9	Other employee benefits				
10	Payroll taxes	2,566	2,361	205	
11 a	Fees for services (non-employees):  Management				
b	Legal				
С	Accounting	1,000		1,000	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				<u></u>
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	484	484		
13	Office expenses	3,274	2,949	325	<del></del>
14	Information technology	776	776		
15	Royalties				<del></del>
16	Occupancy				
17	Travel	5,996	5,996		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		<del></del>		<del></del>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	<del></del>			<del></del>
23	Insurance				1
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If		,		
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Program activities and services	90,100	90,100		
b	Computer software and equipment	5,210	4,685	525	
C	Telephone	3,050	2,745	305	
d	Bank and related credit card fees	2,411	2,161	250	
е 25	All other expenses Schedule O  Total functional expenses. Add lines 1 through 24e	1,687	1,511	176	
25 26	Joint costs. Complete this line only if the	150,104	144,668	5,436	
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

	Check if Schedule O contains a response or note to any line in this Pa	(A)	<del></del>	(B)
		Beginning of year		End of year
	1 Cash—non-interest-bearing		1	
- 1	2 Savings and temporary cash investments	42,469	2	44,36
}	3 Pledges and grants receivable, net		3	·
- 1	4 Accounts receivable, net		4	
1	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
	Loans and other receivables from other disqualified persons (as defined under section		1	
1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	·		
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	٠		
3	organizations (see instructions). Complete Part II of Schedule L	The same of the sa	6	And the second s
	Notes and loans receivable, net		7	
₹   .	B Inventories for sale or use		8	
1	Prepaid expenses and deferred charges		9	
1	Da Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a		1	
1	b Less: accumulated depreciation 10b	* *****************************	10c	
1	· · · · · · · · · · · · · · · · · · ·	<del></del>	11	<del></del>
1	· · · · · · · · · · · · · · · · · · ·		12	
1	· · · · · · · · · · · · · · · · · · ·		13	
1	· -		14	<del> </del>
1			15	
110	<del>-</del>	42,469	16	44,36
1		2,372	17	
11	' '		18	2,49
19	· · · · · · · · · · · · · · · · · · ·		19	<del></del>
2	<b>-</b>		20	
- (				
2	, ' '		21	<del></del>
2	•		- 1	•
	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			~
2:		2,372	22	
` <b>-</b> `			23	<del> </del>
24			24	<del></del>
2	` ', '			
}	parties, and other liabilities not included on lines 17-24). Complete Part X			
1	of Schedule D		25	
26		3,143	26	2,49
	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and	j	- 1	
1	complete lines 27 through 29, and lines 33 and 34.			
27		39,326	27	41,87
28	· •		28	
29			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	į.	j	
	complete lines 30 through 34.			
30			30	
31			31	
27 28 29 30 31 32 33			32	
	<u></u>	39,326	33	41,870
34	Total liabilities and net assets/fund balances	42,469	34	44,365

•	_		/		
Form 9	90 (2013) AMF 20-21	23/	W	/ Pa	ige <b>12</b>
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				V
1	Total revenue (must equal Part VIII, column (A), line 12)	1		14	6,647
2	Total expenses (must equal Part IX, column (A), line 25)	2		15	0,404
3	Revenue less expenses. Subtract line 2 from line 1	3		(3	3,757
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	9,326
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 in Schedule O)	9			6,301
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1			
	33, column (B))	10		4	1,870
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	· · · ·	<del>· · ·</del>		
1	Accounting method used to prepare the Form 990:  Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in		Yes	No
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:		2a		<b>√</b>
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	 ed on a	2b		<b>√</b>
С	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent account to proceed output the average of selection process during the tax years as	untant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a_		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			Form	990	(2013)

#### SCHEDULE A (Form 990 or 990-EZ)

## **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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	-: ##1114	•					- 1	Zp.0301 .	20.2	122064
	rican Military Famil		arity Status (All orga	anization	s must o	complete	e this pa	rt.) See		123864 ons.
_			ation because it is: (Fo							<u> </u>
1	•	•	ches, or association of		_		-	•	i).	
2			170(b)(1)(A)(ii). (Atta						•	
3			spital service organiz			section	170(b)(1)	(A)(iii).		
4		search organizati ne, city, and sta	on operated in conjur te:	ction wit	h a hospi	tal descri	bed in se	ection 17	O(b)(1)(A	)(iii). Enter the
5		on operated for b)(1)(A)(iv). (Com	the benefit of a colle	ge or un	iversity o	wned or	operated	by a go	vernmen	tal unit described in
6 7										
8	☐ A community	trust described	in section 170(b)(1)(A	<b>()(vi).</b> (Co	mplete Pa	art II.)				
9										
10	An organization	on organized and	d operated exclusively	to test fo	or public :	safety. S	ee <b>sectio</b>	n 509(a)(	(4).	
11			nd operated exclusiv							
			olicly supported organ							
			describes the type of							
	a 🗌 Typel									tionally integrated
е		undation manage	that the organization ers and other than on							
f	If the organiz		a written determinatio				a Type	I, Type	ll, or Typ	oe III supporting
9	Since August following pers		he organization acce	pted any	gift or co	ontributio	n from a	iny of the	)	_
			ndirectly controls, eit							
	(ii) A family m	nember of a pers	on described in (i) abo	ove?						11g(ii)
	(iii) A 35% co	ntrolled entity of	a person described in	ı (i) or (ii) a	above?.					11g(iii)
h	Provide the fo	llowing informat	on about the support	ed organi	ization(s).					
(i)	Name of supported organization	(ıi) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) his	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the non in col- zed in the S ?	(vii) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
Total		t		1.5		1 1				

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20-2/23/6/ etions 170/h/(1/A/iii) and 170/h/(1/A/iii)

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.)

Sect	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	182,373	103,377	90,159	188,548	118,664	683,121
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	182,373	103,377	90,159	188,548	118,664	683,121
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						85,337
6	Public support. Subtract line 5 from line 4.						597,784
Secti	on B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	182,373	103,377	90,159	188,548	118,664	683,121
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26	37	6	6	3	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		74,743	15,538	1,261	27,980	119,522
11	Total support. Add lines 7 through 10						802,721
12	Gross receipts from related activities, etc.					12	0
13	First five years. If the Form 990 is for the						
C4:	organization, check this box and stop her on C. Computation of Public Support			<del>· · · · · · · · · · · · · · · · · · · </del>	<del>· · · · · ·</del>	<u> </u>	•
<u> 14</u>	Public support percentage for 2013 (line 6			1 column (fl)		14	75 %
15	Public support percentage from 2012 Sch					15	75 %
16a	331/3% support test—2013. If the organiz	ation did not c	heck the box o	on line 13, and	line 14 is 331/	· · ·	
	box and stop here. The organization quali						
b	331/3% support test-2012. If the organi	ization did not	check a box	on line 13 or	16a, and line	15 is 331/3% o	
	check this box and stop here. The organiz	zation qualifies	as a publicly s	supported orga	inization .		. ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ts the "facts-a	nd-circumstan	ices" test, ched	ck this box an	d stop here. Ex	xplain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organization Explain in Part IV how the organization me	on meets the '	"facts-and-circ and-circumsta	cumstances" t ances" test. Th	est, check thi	is box and sto	p here. publicly
10	supported organization				or 17h, check	this how and a	. 🕨 📋
18	instructions						. ▶ □

Schedule	A /Form	990 or	990-F7	2013

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20-2/2386/ Pag

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Part II, Line	10; Other Income \$119,522: Various fund raising special events whose activities are segregated in the organizations
financial sta	atements starting in 2010; for increased accountability and greater management oversight.
•	
•••••	
·	

#### **SCHEDULE G** (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number **American Military Family** 20-2123864

ı aı	Form 990-EZ filers are	not required to	complete	this part.			
1	Indicate whether the organization	on raised funds	through any	of the follo	owing activities. C	heck all that apply.	
а	☐ Mail solicitations		e [	Solicitat	ion of non-govern	ment grants	
b	☐ Internet and email solicitation	nne	fΓ		ion of governmen	_	
		113			fundraising events		
C	☐ Phone solicitations		g L	_ Special	rundraising events	i	
d	☐ In-person solicitations						
2a	Did the organization have a wri						
	or key employees listed in Form	ı 990, Part VII) o	r entity in c	onnection v	with professional t	undraising services	Yes 🗌 No
b	If "Yes," list the ten highest paid	d individuals or	entities (fun	draisers) p	ursuant to agreem	nents under which th	e fundraiser is to be
	compensated at least \$5,000 by				-		
	•	. •					
		<del></del>				(v) Amount paid to	
	(i) Name and address of individual	(ii) Actuate		draiser have	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	(ii) Activity		r control of outions?	from activity	fundraiser listed in col (i)	organization
					<u> </u>		<del> </del>
			Yes	No	.		
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9		}	1	1	}		}
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10			-	[	[		
		<u></u>	1				
Total	<u> </u>			▶			
3	List all states in which the orga	nization is regis	tered or lice	ensed to s	olicit contributions	s or has been notifie	ed it is exempt from
	registration or licensing.						
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Schedule G (Form 990 or 990-EZ) 2013 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through col (c)) Winter Rally Social Mixers (event type) (total number) (event type) Revenue Gross receipts . . . 9,983 45,823 35,480 Less: Contributions . . Gross income (line 1 minus 35,480 9,983 45,823 4 Cash prizes . . Noncash prizes Expenses 6 Rent/facility costs . 4,804 1,700 6,504 Food and beverages . 7 1,829 9,054 7,225 Direct | 8 Entertainment 1,200 1,200 Other direct expenses 2,675 1,270 3,945 10 Direct expense summary. Add lines 4 through 9 in column (d) 20,703 Net income summary. Subtract line 10 from line 3, column (d) 25,120 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col (a) through col. (c)) bingo/progressive bingo 1 Gross revenue Direct Expenses 2 Cash prizes . 3 Noncash prizes Rent/facility costs . 5 Other direct expenses Yes Yes No 6 Volunteer labor . No No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . . . 8

9	Enter the state(s) in which the organization operates gaming activities:		
	Is the organization licensed to operate gaming activities in each of these states?	Yes	□ No
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . If "Yes," explain:	Yes	□ No

Schedu	ale G (Form 990 or 990-EZ) 2013 / 1)	00,	y		Page 3
11	Does the organization operate gaming activities with nonmembers?			Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other formed to administer charitable gaming?			Yes	□ No
13	Indicate the percentage of gaming activity operated in:	] ]	_		
а		13a			%
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and			
	Name ▶				
	Address►				
15a	Does the organization have a contract with a third party from whom the organization receives garevenue?			Yes [	□ No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	10			
С	If "Yes," enter name and address of the third party:  Name ▶				
16	Address ►  Gaming manager information:				
10	Name &				
		<b>-</b> -	- <b></b>		
	Gaming manager compensation ► \$				
	Description of services provided ►	<b>-</b> -			
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming procee	ds to			
	retain the state gaming license?		□ <b>'</b>	res [	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year ▶ \$	ns or			
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to padditional information (see instructions).				Ė
Part II,	Line 9 Other expenses: \$3,945				
		· <b></b>			
	Rally: \$2,675: Event supporting materials, printing, invitations, party favors			- <b>-</b>	· <b>-</b>
Social	Mixers: \$1,270: Event supporting materials, party favors	·			
				- <b></b>	
					<b>-</b>

Schedule O

**Supplemental Information to Form 990** 

2013

**American Military Family** 

EIN#

20-2123864

Form 990, Page 10, Part IX, Statement of Functional Expenses Line 24 E

		Total	Program	Admin	Fund-raising	
Statement #1	Other Expenses	1,687				
License and Permit fees Postage		1,011	1,011			
		676	500	176	1	
<del>-</del>	ther expenses	1,687	1,511	. 176	0	
					1,687	

## Statement #2

Form 990, Page 12, Part XI, Other Changes in Net Assets

Line 5

6,301

Reconciliation of assets through 2012 resulting in a reconciliation of beginning net assets for January 1, 2013 in the amount of 6,301.

#### **SCHEDULE O** (Form 990 or 990-EZ)

#### 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.

OMB No 1545-0047 2013

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **American Military Family** 20-2123864 P. 12, Part IX, Q. 5; Other Changes in Net Assets: \$6,301; The amount represents reconciling items from prior year adjustments. P.6, Part VI, Section B, Line 12c: Conflict of Interest Disclosure; The agency has finalized its new Conflict of Interest Policy. Presently, the Board President works closely with the board executive committee and the agency operations director to ensure no conflicts are present in any of the agency's operations. P.6, Part VI, Section B, Line 15: Salary survey information; The agency has very modest salaries. While they are working at revising those salaries to a more commensurate and competitive level in the future, the economic realities do not allow for any significant changes to occur in the short run. P.6, Part VI, Section B, Line 10: 990 Review process. The agency Executive Director and or Operations Director, as available, meet with the external financial consultant to review the 990 and the supporting schedules prior to filing. Any items requiring clarification or further review are resolved prior to filing. P.6, Part VI, Section B, Line 19: The agency files all of its required tax forms in a timely manner. The agency will make its public forms available upon written request to any party making a proper request, generally within 10 business days of receiving the request. The agency does not share its internal financial statements with the general public. The agency will make available its organizing and governing documents if the party makes a written request and the party is unable to obtain them from the other public sources. P.6, Part VI, Section A, Line 2: Family relationships: Debbie Quackenbush - President of the Board of Directors and Executive Director of American Military Family is the mother of Ryan Quackenbush - Secretary and Treasurer or the Board of Directors.

## Statement of Programs and Activities

#### **AMF Mission Statement**

American Military Family (AMF) provides emergency financial aid, therapeutic mental health relief, reintegration assistance and peer support to our troops and their families, while also providing emotional support, working collaboratively with other nonprofit organizations and volunteers who together strive to assist those serving and those who have served in their time of need.

#### **AMF Aid**

AMF provides financial assistance to Services Members when faced with the unexpected Financial Crisis.

## **AMF Combat Veteran Assistance Program**

AMF provides mental health therapy intervention with licensed combat veteran therapist for troops/veterans suffering from Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI).

## **Gold Star Support**

AMF provides Financial Support and Recognition to the families and loved ones who have paid the greatest sacrifice.

## AMF Adopt-a-Soldier/Adopt-a-Unit

AMF sends care packages, letters and treats to our troops serving in harm's way.