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Part II

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

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.

Open to Public

Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2016 calendar year, or tax year beginning , 2016, and ending , 20 C Name of organization American Military Family Check if applicable: D Employer identification number 1 Address change Doing business as 20-2123864 Number and street (or P.O. box if mail is not delivered to street address) Name change Room/suite E Telephone number Initial return 10285 Bald Eagle Street 303 746-8195 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return Firestone, Colorado 80520 G Gross receipts \$ 254,802 Application pending F Name and address of principal officer: Debbie Quackenbush, Founder and ED H(a) Is this a group return for subordinates? Yes No 10285 Bald Eagle Street, Firestone, Colorado 80520 H(b) Are all subordinates included? Yes No Tax-exempt status: 501(c)(3) ___ 501(c) (If "No," attach a list. (see instructions)) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 www.AMMF100.org Website: ▶ H(c) Group exemption number ▶ Form of organization: Corporation Trust Association Other ▶ L Year of formation: M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: Please see Schedule O for complete description Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 6 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 1 Total number of volunteers (estimate if necessary) 6 25 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 110,936 Program service revenue (Part VIII, line 2g) 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 102,438 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 134,456 213,374 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 50,218 45,447 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 99,089 143,379 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 149,307 188,856

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	Signature of officer		Date	
Paid Preparer	Type or print name and title Print(Type preparer's name) Preparer's signature Preparer's signature Preparer's signature	Date / 1/2	Checkself-employe	"
Use Only	Firm's address ▶ PO Box 6530, Denver, Colorado 80206-0530	/_/	Firm's EIN ▶ Phone no.	61-1432100 303 321-8496
way the IRS	discuss this return with the preparer shown above? (see instructions)			. ✓ Yes No

Revenue less expenses. Subtract line 18 from line 12

Net assets or fund balances. Subtract line 21 from line 20

Total assets (Part X, line 16)

Signature Block

Total liabilities (Part X, line 26) .

(14,851)

29,750

29,100

Beginning of Current Year

24,518

54,267

53,617

650

End of Year

X	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$	\ (Daysanus A	,
,	Total program service expenses) (Revenue \$)
_	Total program service expenses	175.394	

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Form 9	20-212386,	4		
Part	IV Checklist of Required Schedules		***************************************	Page
4	le the evention do it is a larger than the same and the s		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			
2	Is the organization required to complete Schedule B. Schedule of Contributors (assistance)	1	1	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in apposition to	2	1	-
	candidates for public office? If "Yes," complete Schedule C, Part I	2		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		1
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,			V
6	Did the organization maintain any donor advised funds as a serior in the first of the donor advised funds as a serior in t	5		1
	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			1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space	6	-	V
0	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			<u> </u>
9	complete Schedule D, Part III	8		1
	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			1
10	Did the organization, directly or through a related organization, hold appets in termography matrix	9		-
11	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		1
	vii, viii, iA, or A 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			
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	11a		✓
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	11b		√
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	11c		√
е	Did the organization report an amount for other liabilities in Part X, line 252, If "Yes," complete Schodule D. Part X	11d 11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footpote that addresses	116		
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	10		,
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	12a		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule F	12b		1
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.			
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	14b		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grapts or other	15		✓
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		✓
1Ω	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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Part	Checklist of Required Schedules (continued)		-	
20 a	Tes, complete schedule H	20a	Yes	No
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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? If "Yes," complete Schedule I, Parts I and II	20b		
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? If "Yes," complete Schedule I, Parts I and III	21		\ \ \
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.	22		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			
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24c 24d 25a		1
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		,	✓
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 "Yes," complete Schedule L, Part II	25b		✓
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	26		√
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):	27		•
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		√
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? <i>If</i> "Yes," complete Schedule L, Part IV	28b		1
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	29		√
31	conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		✓
32	Part I	31		√
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R. Part I	32		√
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	33		√ √
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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.	35a		✓
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.	35b		<u>√</u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R	36		√
38	Part VI	37	_	✓
		00	4	

Form 990 (2016) Part V

20-2123964 Statements Regarding Other IRS Filings and Tax Compliance

-	Crieck if Schedule O contains a response or note to any line in this Part V			. Г
10			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
2a	reportable gaming (gambling) winnings to prize winners?	1c	1	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
h	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		1
4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
74	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 hard-see a hard-see a financial account in a foreign country (such as a hard-see a financial account in a foreign country (such as a hard-see a financial account in a foreign country (such as a hard-see a financial account in a foreign country (such as a hard-see a financial account in a foreign country (such as a hard-see a financial account in a foreign country (such as a hard-see a financial account in a foreign country (such as a hard-see a financial account in a foreign country (such as a hard-see a financial account in a foreign country (such as a financial account in a foreign country (such as a financial account in a foreign country (such as a financial account in a foreign country (such as a financial account in a foreign country (such as a financial account in a foreign country (such as a financial account in a foreign country (such as a financial account in a fin			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
b	account)?	4a		V
-	See instructions for filing requirements for Fig. CEN. 5			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a				
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
	organization solicit any contributions that were not tax deductible as charitable contributions?			,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		1
	gifts were not tax deductible?	0.		
7	Organizations that may receive deductible contributions under section 170(c)	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for an all			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		V
С	bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
	required to the Form 6262?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			·
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	bld the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1008-C2	7h		
O	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		
a	Sponsoring organizations maintaining donor advised funds.			
b	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
а	Initiation fees and capital contributions included as D. 1788 III.			
b	Gross receipts included on Form 000 Deat VIII III - 40 (
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 10412	12a		les en la constant
D	res, effer the amount of tax-exempt interest received or accrued during the year 12h	u		
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 Schodulo O			
D	the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Form 990 (2016) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year . . . 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. Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 6 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: 8a Each committee with authority to act on behalf of the governing body? 8b 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? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., No **10a** Did the organization have local chapters, branches, or affiliates? 10a 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? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a b 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? If "Yes," 12c 13 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 1 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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 safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. ☐ Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

Rose Ramirez, 4433 Mt. Harvard Street, Brighton, Colorado 80601; 303 907-6966

Form	990	(2016)

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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **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 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 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 nor any related organization compensated any current officer, director, or trustee

The organization no	T arry relate	T OIL	Jailiz	zauc	on c	compe	ensa	ated any curre	nt officer, directo	r, or trustee.
(A)	(B)	(C)			(D)	-				
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	box, offic Individua or direct	unles er an	ss pe	ersor	te than ot was Highest compensated employee	h an tee)	Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Debbie Quackenbush, Founder	11	1								
(2) Chris Walton, President	11	1		/				0	0	0
(3) Jose Alanis, Vice-President	11	1		· /				0	0	0
(4) Maria Walton, Secretary	11	1		V				0	0	0
(5) Kim Kendle, Treasurer	11	1						0	0	0
(6) Bill Clauser, Member at Large	11			√				0	0	0
(7) Greg Watson, Member at Large	1	√						0	0	0
(8)		✓		1				0	0	0
(9) Debbie Quackenbush, Executive Director	40 +									
(10)					√			42,218	0	0
(11)				1						
(12)			+	+	1		1			
(13)				+			+			
(14)							+			

AME

20-2195861

. en	Section A. Officers, Directors, Trust	lees, key E	mpio	yees		-	ligne	St C	ompensated E	mployees	contir	lued)				
	(A) Name and title	hours per officer and a director/trustee) compensation compensation				(E) Reportation compensation related	able Estimated ion from amount of									
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizati (W-2/1099-N	ons compensation					
(15)																
(16)																
(17)																
(18)																
(19)																
(20)																
(21)																
(22)																
(23)																
(24)																
(25)																
1b	Sub-total							>	42,218		0	0				
d d	Total from continuation sheets to Part Total (add lines 1b and 1c)			:				>	42,218		0	0				
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th	ose	list	ed a	above	re) who received more than \$100,000 of None								
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	ficer, direct	tor, o	r tr	uste indi	ee,	key e	mp	lovee, or high	est compe	nsate					
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	oortab an \$1	ole o 50,0	com 000	per? <i>It</i>	satio	n a s,"	nd other comp	ensation fr	om th	e				
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mper	nsat	ion	fror	n any le J f	un or s		ation or inc		al 5				
Section	on B. Independent Contractors											3 4				
1	Complete this table for your five highest compensation from the organization. Rep year.	compensate ort comper	ed inc	depe	ende or th	ent ie c	contra	acto ar y	ors that receive rear ending with	d more than	n \$10 the or	0,000 of ganization's tax				
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compensation				
None																

2	Total number of independent contractor received more than \$100,000 of compensations.	rs (includin	g bu	t no	ot li zati	imit	ed to	th	ose listed abo	ove) who						
-			-	-	-	-		nowa e	IAOHE							

Form	990 (201	(6) AMF			20	-21234	W
Par	t VIII	Statement of Revenue				V.	Page 9
		Check if Schedule O contains a	a response or note to	any line in thi	s Part VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections
nts	1a	Federated campaigns	1a		Tovolido		512-514
Gra	b	Membership dues	1b				
fts,	С	Fundraising events	1c				
بق إو	d	Related organizations	1d				
ons	e	Government grants (contributions) All other contributions, gifts, grants,	1e				
buti		and similar amounts not included above	1f 110 936				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-					
-	h	Total. Add lines 1a-1f		110,936			
Program Service Revenue			Business Code	115/55			
eve	2a						
8	b						
er.	d						
S	e						
ogra	f	All other program service revenue	e .				
4	g	Total. Add lines 2a-2f					
	3	Investment income (including	dividends, interest,				
	4						
	5	Income from investment of tax-exem Royalties	-				
		Royalties	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d						
	7a	Gross amount from sales of (i) Securitie assets other than inventory	s (ii) Other				
	b	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)					,
9	8a	Gross income from fundraising			100		
/eni	0a	events (not including \$					
Other Revenue		of contributions reported on line 1c)	-				
Je.		See Part IV, line 18					
†	b	Less: direct expenses	b 41,427	Account to			
	C	Net income or (loss) from fundrais	sing events . >	101,318			
	Ja	Gross income from gaming activities See Part IV, line 19	1	2.0	300		
	b	Less: direct expenses					
	С	Net income or (loss) from gaming	activities >	1,120			
	10a	Gross sales of inventory, le	ss	1,120			
		returns and allowances	a				
		Less: cost of goods sold Net income or (loss) from sales of					
	· ·	Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions.		213 374	0	0	

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 respon-	se or note to any lir	ne in this Part IX .		
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	×	,	general expenses	CAPCHOOC
	and domestic governments. See Part IV, line 21				2000
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	42,218	37,993	4,225	
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				
9	Other employee benefits				
10	Payroll taxes	3,230	2,905	325	
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c d	Accounting	850		850	
	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13		2,110	2,110		
14		1,358	1,100	258	
15	Information technology	10,008	7,608	2,400	
16	Royalties				
17	Occupancy				
18	Travel	1,873	1,649	224	
4.5	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
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 an School of line 25.				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Program activities and services;(DDMF 42,770)	75,641	75,641		
b	Program Contract Services	24,688	24,688		
C	Bank, credit card and transaction fees	5,479	550	4,929	
d	Dues and subscriptions	1,451	1,200	251	
e	All other expenses In-Kind services	19,950	19,950		
25	Total functional expenses. Add lines 1 through 24e	188,856	175,394	13,462	0
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 following SOP 98-2 (ASC 958-720)				

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Form 990 (2016)

Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Par		•	
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing		1	
2	Savings and temporary cash investments	29,750	2	54,267
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section			
	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			
Sie	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	Notes and loans receivable, net		7	
	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a				
١.			40	
l aa			10c	
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
15	Intangible assets		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	20.750	16	E4 267
17	Accounts payable and accrued expenses	29,750 650	17	54,267 650
18	Grants payable	630	18	030
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
	Loans and other payables to current and former officers, directors,			
= =	trustees, key employees, highest compensated employees, and			
S 22	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	650	26	650
ses	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets		27	
g 28	Temporarily restricted net assets		28	
g 29	Permanently restricted net assets		29	
Net Assets or Fund Balances 25 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34.			
र 30	Capital stock or trust principal, or current funds		30	
8 31	Paid-in or capital surplus, or land, building, or equipment fund	A 100 - 100	31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds .	29,100	32	53,617
33	Total net assets or fund balances	29,100	33	53,617
Come	Total liabilities and net assets/fund balances		34	

Heconclilation 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). 2 188,854 2 188,854 3 Revenue less expenses. Subtract line 2 from line 1 2 2 188,554 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 29,100 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 6 Investment expenses 7 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Not assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 53,618 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," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis □ Consolidated basis, or both: □ Separate basis □ Consolidated basis, or both: □ Separate basis □ Consolidated basis, or both: □ Separate basis □ Consolidated basis □ Both consolidated and separate basis □ Consolidated basis □ Both consolidated and separate basis □ Consolidated basis □ Both consolidated and separate basis □ Consolidated basis □ Both consolidated and separate basis □ Consolidated basis □ Both consolidated and separate basis □ Consolidated basis □ Both consolidated and separate basis □ Consolidated basis □ Both consolidated and separate basis □ Consolidated basis □ Both consolidated and separate basis □ Consolidated basis □ Consolidated and separate basis □ Consolidated basis	Form 9	90 (2016) AMF 20-2/23/	46 V		D	age 1 2
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If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1	Accounting method used to prepare the Form 990: Cash Accrual Other			Yes	No
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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		the Single Addit Act and OMB Circular A-133?		20		,
required audit or audits, explain why in Schedule O and describe any stans taken to undergo the	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the	Sa		V
3b 3b		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	its.	3b		

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

 $\label{lem:complete} Complete if the organization is a section 501(c) (3) organization or a section 4947(a) (1) nonexempt charitable trust.$

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

lame	ame of the organization Employer identification number						
Amer	merican Military Family				20-2123864		
Par							ns.
The c	organization is not a private foundat		,		,	and the second state of th	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	A school described in section 1						
3	A hospital or a cooperative hos						
4	A medical research organization hospital's name, city, and state		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6	A federal, state, or local govern	ment or govern	mental unit described	l in section	on 170(b)	(1)(A)(v).	
7	An organization that normally r described in section 170(b)(1)(eceives a subs	tantial part of its sup				n the general public
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organiz				erated in	conjunction with a l	and-grant college
	or university or a non-land-gran	it college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
	university:						
10	An organization that normally re	eceives: (1) more	e than 331/3% of its su	upport fro	m contril	outions, membershi	o fees, and gross
	receipts from activities related t support from gross investment acquired by the organization aff	income and uni	related business taxal	ble incom	e (less se	ection 511 tax) from	n 33½% of its businesses
11	An organization organized and	operated exclus	sively to test for public	safety.	See sect i	on 509(a)(4).	
12	An organization organized and	operated exclus	ively for the benefit of	f, to perfo	orm the fu	unctions of, or to car	ry out the purposes
	of one or more publicly suppor	ted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
	Check the box in lines 12a throu	igh 12d that des	scribes the type of sup	porting o	rganizatio	on and complete line	es 12e, 12f, and 12g.
а		zation operated	, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving
	the supported organization(s) the power to	regularly appoint or e	lect a ma	jority of t	he directors or trust	ees of the
	supporting organization. Yo	u must comple	ete Part IV, Sections	A and B.			
b		ization supervis	ed or controlled in co	nnection	with its s	upported organizati	on(s), by having
	control or management of the	ne supporting o	rganization vested in	the same	persons	that control or man	age the supported
	organization(s). You must c						
С		ated. A support	ting organization oper	rated in c	onnection	n with, and function	ally integrated with,
	its supported organization(s						
d		ntegrated. A su	pporting organization	operated	in conne	ection with its suppo	orted organization(s)
	that is not functionally integ	rated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	d an attentiveness
	requirement (see instruction						
е	- one on the box in the organi	zation received	a written determination	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III
	functionally integrated, or Ty			oporting o	organizati	on.	
T	Enter the number of supported or	rganizations .					
9	Provide the following information (i) Name of supported organization			T			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))	docur		instructions)	instructions)
				Yes	No		
A \				100	110		
A)							
B)		ė,					
C)							
D)							
E)							
Total							

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts. grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 188,548 118,664 137,261 134,456 110,936 689,865 Tax revenues levied 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 3. . . . 188,548 118,664 137,261 134,456 110,936 689,865 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 37,341 Public support. Subtract line 5 from line 4 652,524 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 7 188,548 188,664 137,261 134,456 110,936 689,865 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 6 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 27,980 102.438 156,010 11 Total support. Add lines 7 through 10 845,884 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 14 77 % Public support percentage from 2015 Schedule A, Part II, line 14 15 86 % 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is $33^{1/3}\%$ or more, check this 16a 331/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see



JO-2133861

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

Part II, Line 10 - Other Income: \$102,438; Various special events for fund raising purposes. These activities are segregated in the General
Ledger for increased management oversight and improved accountability. The agency took a short break with these activities for a
year and is now doing them again. 2016 was a particularly successful year with two new special events.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

20-2123864

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization **American Military Family**

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

OMB No. 1545-0047

Organization type (check one):					
Filers of		Section:			
Form 99	0 or 990-EZ	√ 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		☐ 527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		☐ 501(c)(3) taxable private foundation			
		covered by the General Rule or a Special Rule.			
instruction		, (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See			
General	Rule				
V	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				
	regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) 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, II, and III.				
	contributor, during the contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received in exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the set to this organization because it received nonexclusively religious, charitable, etc., contributions ore 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,

990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization
Employer identification number
American Military Family
20-2123864

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	
1 (a)	Greiner Electric 12456 Dumont Way Littleton, Colorado 80125 (b)	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	PO Box 1447 Cedar Rapids, Iowa 54249		Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	Scott Reynolds 8505 Mountain View Lane Littleton, Colorado 80125	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	Jeff Ludwig 7933 South Chestnut Way Littleton, Colorado 80128-6054	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	PO Box 248 Galesville, Wisconsin 54630	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	Lockheed Martin PO Box 33010 Lakeland, Florida 33807	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Name of o	organization		Employer identification number	
	Military Family	20-2123864		
Part I	Contributors (See instructions). Use duplicate copies	of Part I if additional space	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1 (a)	Mortenson Construction Inc. 700 Meadow Lane North Minneapolis, MN 55422	. \$ 17,87	Person Payroll Noncash (Complete Part II for noncash contributions.)	
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
(a)		\$ <u>-</u>	Person	
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
(2)		. \$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
(a)		. \$	Person	
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

	of the organization					T	Employer identific	ation number
	can Military Family						20-	2123864
Par		Complete if th	e organiz	ation ansv	vered "Yes" on F	orm	990, Part IV,	line 17.
	Form 990-EZ filers are n	ot required to	complete	this part.				
1	Indicate whether the organization	n raised funds t	hrough any	of the follo	owing activities. Ch	heck	all that apply.	
a			e	Solicitat	ion of non-governr	nent	grants	
b	Internet and email solicitation	ns	f		ion of government			
C	Phone solicitations		g		fundraising events	9		
d	In-person solicitations							
2a	Did the organization have a writ	ten or oral agree	ement with	any individ	dual (including offic	cers.	directors, trust	ees
	or key employees listed in Form	990, Part VII) or	entity in c	onnection v	with professional fu	ındra	ising services?	DV DN-
b	If "Yes," list the 10 highest paid	individuals or e	ntities (fund	draisers) pu	ursuant to agreeme	ents i	inder which th	e fundraiser is to be
	compensated at least \$5,000 by	the organization	n.		3, 2, 1, 1,		arrage without the	o randraider is to be
	(I) Al		(III) D. 16		T	(14)	Amount paid to	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity		draiser have r control of	(iv) Gross receipts	(0)	r retained by)	(vi) Amount paid to (or retained by)
	or ormy (randraloof)		contrib	outions?	from activity fur	func	draiser listed in col. (i)	organization
	-		Yes	No				
1					1			
2								
3								
4								
5								
6								
7								
8								
9								
10			-					
				,				
Total								
3	List all states in which the organ	ization is regist	ered or lice	need to se	licit contributions	ov b	h +:6:-	171.1
	registration or licensing.	nzation is regist	ered or nee	silsed to st	Dilcit Contributions	or na	as been notifie	d it is exempt from
	Ğ							

_			0
P;	30	10	1

Schedule G (Form 990 or 990-EZ) 2016

AMF

20-212361

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more 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)) **Private Concert** Clay Shoot (event type) (event type) (total number) Revenue Gross receipts 1 106,525 36,220 142,745 2 Less: Contributions . . Gross income (line 1 minus line 2) 106,525 36,220 142,745 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs . . . 6 3,500 3,500 7 Food and beverages . . 16,000 16,000 8 Entertainment . . 1,750 1,750 Other direct expenses 8,690 11,487 20,177 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . 41,427 Net income summary. Subtract line 10 from line 3, column (d) 11 101,318 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue . Direct Expenses 2 Cash prizes . 3 Noncash prizes Rent/facility costs . . 5 Other direct expenses Yes Yes 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) Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:

Schedu	lle G (Form 990 or 990-EZ) 2016	AME		20-2123	96V	
11 12	Does the organization cor Is the organization a gran	itor, beneficiary or truste	vith nonmembers?	rtnership or other entity		
13 a	Indicate the percentage of The organization's facility	f gaming activity conduc	ted in:		☐ Yes	⊔ No %
b 14	An outside racility		epares the organization's gaming/s	13h		%
	Name ▶					
	Address►					
15a	Does the organization har revenue?	ave a contract with a t	hird party from whom the organi	zation receives gaming		
	If "Yes," enter the amount amount of gaming revenue If "Yes," enter name and a	of gaming revenue rece e retained by the third pa	ived by the organization ► \$ arty ► \$	and the	∐ Yes	□ No
	Name ▶					
	Address					
16	Gaming manager informat					
	Name ►					
	Gaming manager compens	sation ▶ \$				
	Description of services pro	ovided ▶				
	☐ Director/officer	Employee	☐ Independent contractor			
17 a	Mandatory distributions: Is the organization require retain the state gaming lice	ed under state law to mense?	ake charitable distributions from th	ne gaming proceeds to	-	
b	Enter the amount of distribusion spent in the organization's	outions required under st	tate law to be distributed to other e	xempt organizations or	∐ Yes	∐ No
Part I	V Supplemental Info	rmation. Provide the	explanations required by Part I, d 17b, as applicable. Also provid	line 2b, columns (iii) a de any additional infor	and (v); ar mation.	nd
P. 2, Pa	nrt 2, Line 9 Other Direct Expe	enses: \$20,177:				
After ta	king a year off from special o	events for fund raising pu	rposes, the agency held two major ev	ents with excellent result	s.	
Charlie	Daniels Concert \$8,690; The	ese are all the supporting	costs and contractual service require	d to make the event		
nonpro	fit organization (Danny Dietz	Memorial Fund; DDMF).	ntracted support, etc. This was a com The DDMF received \$42,770 for its sh	ibined event with another are of the net proceeds.		
Clay Sh	noot \$11,487; This event was	s entirely run by the spons	sor- donor organizer. The total cost on some some some some some some some some	f the event was \$11,487.		
	30.0.0.0.0 amost \$23,000	ior the organization for it	s program activities in its first year.			

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.

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer identification number

American Military Family	Employer rachanoution number			
Acherican Military Family	20-2123864			
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 ite	ems requiring clarification or			
further review are resolved prior to filing.				
P.6, Part VI, Section B, Line 12c: Conflict of Interest Disclosure; The agency has a new Conflict of Interest Disclosure	rest Policy.			
The Board President works closely with the board executive committee and the agency operations dir	ector 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	e they are working at revising			
those salaries to a more commensurate and competitive level in the future, the economic realities do r	not allow for any significant			
changes to occur in the short run. The present staff contribute lots of donated time to the organization	1 for its success.			
P.6, Part VI, Section B, Line 19: The agency files all of its required tax forms in a timely manner. The a	gency will make its public forms			
available upon written request to any party making a proper request, generally within 10 business day	s 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.			
	1			
P.6., Part VI, Section A, Line 2: Did any officer, director, trustee, or key employee have a family relation	nship or a business relationship			
with any other officer, director, trustee, or key employee? Yes, Chris Walton, President and Maria Walt	ton, Secretary, are a married couple.			
Neither party received any compensation or financial benefit from the organization in any form or man	ner.			

Statement of Programs and Activities

Mission

American Military Family provides emergency financial assistance and mental health therapy intervention to combat veterans and their families struggling with reintegration issues and thoughts of suicide.

Programs

AMF Financial Assistance Program

AMF provides emergency financial assistance with rent/mortgage, utilities, transportation/food and life's essentials to veterans, troops and their families in their time of urgent need.

AMF Combat Veterans Assistance Program

AMF provides mental health therapy intervention for our veterans, troops and their families struggling with Post Traumatic Stress Disorder (PTSD) and/or Traumatic Brain Injury.

Statement of Accomplishments

In 2016, American Military Family saw a dramatic increase in calls for emergency financial assistance, emergency intervention with symptoms of Post-Traumatic Stress Disorder (PTSD) and side effects from Traumatic Brain Injury from our younger veterans who served during Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). There was a huge increase in the numbers of homeless veterans. We assisted homeless veterans with gift cards, food/toiletries and housing as funding would allow. We also referred these veteran families to additional veteran resources to ensure their emergency needs were met.

In 2016 American Military Family "adopted" three military families. They had no housing, food or furnishings. We were able to place them in emergency housing and eventually get them into permanent housing. We provided furnishings, food, clothing and cell phones for communication. They were placed into our PTSD Program and today, all families are thriving as they continue to strive forward.

In November 2016, American Military Family hosted over 50 veterans and their families for a full Thanksgiving Dinner and provided over \$3,000 worth of gift cards to struggling military families who attended this dinner. In December 2016, we adopted 5 military families and provided them with dinner, Christmas gifts and clothing for their entire family.