990

Activities & Governance

Paid

Preparer

Use Only

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

20**18**

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

Inspection

Department of the Treasury Internal Revenue Service

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

2018, and ending For the 2018 calendar year, or tax year beginning D Employer identification number C Name of organization American Military Family Check if applicable: Doing business as 20-2123864 Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 303 746-8195 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ 310,033 Firestone, Colorado 80520 Amended return H(a) Is this a group return for subordinates? Yes Vo F Name and address of principal officer: Debbie McElhinney, CEO / Founder Application pending H(b) Are all subordinates included? Yes No P.O. Box 238, Firestone, Colorado 80520 If "No," attach a list. (see instructions) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or Tax-exempt status: Website: ▶ H(c) Group exemption number ▶ www.amf.org L Year of formation: M State of legal domicile: CO Part I Briefly describe the organization's mission or most significant activities: Please see Schedule O for complete description 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 1 6 Total number of volunteers (estimate if necessary) 25 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 38 7b 0 **Current Year** Contributions and grants (Part VIII, line 1h) 235,056 177,394 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 10 5 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 91,802 50,522 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 285,578 269,201 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 52,261 58,736 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ h 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 142,512 142,367 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 194,773 201,103 19 Revenue less expenses. Subtract line 18 from line 12 68,098 90,805 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 147,322 214,917 21 Total liabilities (Part X, line 26) 2,900 2,434 22 Net assets or fund balances. Subtract line 21 from line 20 144,422 212,483 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here

► The Nonprofit Technical Assistance

Firm's address ► PO Box 22700, Denver, Colorado 80222-0700

May the IRS discuss this return with the preparer shown above? (see instructions)

Type or print name and title

303 321-8496

Check if

self-employed

Firm's EIN ▶

Phone no.

Form 99	0 (2018	ATM	20-2/25001	Page 2
Part	Ш	Statement of Program Service Accompli		
		Check if Schedule O contains a response o	r note to any line in this Part III	🗸
1	Brief	describe the organization's mission:		
	Pleas	and Calendula O for annual to description		
2	prior	Form 990 or 990-EZ?		s
3	Did	s," describe these new services on Schedule he organization cease conducting, or make ses?	e significant changes in how it conducts, any program	s ☑No
		s," describe these changes on Schedule O.	The latest the second s	5 V 140
4	Desc	ribe the organization's program service accor	nplishments for each of its three largest program services, as me tions are required to report the amount of grants and allocations ogram service reported.	
4a	(Cod	::) (Expenses \$178,230 in	cluding grants of \$) (Revenue \$)
	Pleas	e see Schedule O for complete description		
4b	(Cod	:) (Expenses \$in	cluding grants of \$) (Revenue \$)
40	(Cod	e:) (Expenses \$ in	cluding grants of \$) (Revenue \$	\
40		(Lapenses #) (nevertice \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

) (Revenue \$

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Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 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 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a 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 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 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 Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 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 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

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Part	IV Checklist of Required Schedules (continued)			
	- Chestalet S. Hegalieu Conculos (Sentinucu)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
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		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	20	12	,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		1
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
Part	g and the same and			
	Check if Schedule O contains a response or note to any line in this Part V			\
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	√	

excess parachute payment(s) during the year?

If "Yes," complete Form 4720, Schedule O.

16

If "Yes," see instructions and file Form 4720, Schedule N.

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

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

15

16

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

Secti	on A. Governing Body and Management	· · · · · · ·	· ·	· · ·	<u> </u>
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 5			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
h	committee, explain in Schedule O.				
b 2	Enter the number of voting members included in line 1a, above, who are independent .	1b 4	1		
	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2		✓
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or oth	er person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		√
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		✓
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 one or more members of the governing body?		7a		1
b	Are any governance decisions of the organization reserved to (or subject to approve stockholders, or persons other than the governing body?		7b		1
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	ndertaken during			
а	The governing body?		8a	✓	
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann the organization's mailing address? If "Yes," provide the names and addresses in Schedule (ot be reached at			,
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Rever	9	ode)	✓
	the state of the s	o internal riever	uc O	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of	f such chapters,			
44.	affiliates, and branches to ensure their operations are consistent with the organization's exen	npt purposes?	10b		
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef Describe in Schedule O the process, if any, used by the organization to review this Form 990	ore filing the form?	11a		√
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	√	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	V	
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done.	policy? If "Yes."	12c	✓	
13	Did the organization have a written whistleblower policy?		13	_	1
14	D'III		14		1
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation	and approval by			
а	The organization's CEO, Executive Director, or top management official		15a	1	
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).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?		16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeguard the	16b		
Secti	on C. Disclosure		100		
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 (1024 or 1024-A if applicabl (3)s only) available for public inspection. Indicate how you made these available. Check all the Own website Another's website Upon request Other (explain in Science)	at apply.	Γ (Sec	tion 5	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.		erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organizati	on's books and re	cords	•	
	Rose Ramirez, 4433 Mt. Harvard Street, Brighton, Colorado 80601; 303-907-6966				

Form	990	(2018)	

20-2123864

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 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 no	r any relate	d org	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.	
(C)											
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)			an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of			
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) Debbie McElhinney, CEO / Founder	22	1						0	0	0	
(2) Bill Clauser, Board President	11	1		1				0	0	0	
(3) Jose Alanis, Board Vice-President	11	1		1				0	0	0	
(4) Jamie Lowther, Board Secretary	1	1		1				0		0	
(5) Greg Watson, Board member at large	11	1						0			
(6)		•							0	0	
(7) Debbie McElhinney, Executive Director	40				1			54,539	0	0	
(8)								04,033	U	0	
(9)										***************************************	
(10)											
(11)											
(12)											
(13)											
(14)											

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гаг	Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	s, ai	nd F	lighe	st C	ompensated E	mployees	contin	iued)		
	(A) Name and title	(B) Average hours per week (list any	box, office	Position (do not check more than box, unless person is bot officer and a director/trus				an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	n from	(F) Estimated amount of other		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)		organizations (W-2/1099-MISC)		pensation om the inization related nizations	Ì
(15)														
(16)														
(17)														
(18)										N.		`		
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Sub-total	VII, Sectio						> > >	54,539		0			0
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th	ose	list	ed i	above	e) w		ore than \$1	00,00	0 of		0
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc	tor, c	or tr	uste	ee,			None			d 3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	portal an \$1	ole (con	nper	nsatio	n a	nd other comp	ensation fr	om th	ie ih		
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	ompei	nsat	ion	from	n any	uni	related organiz	ation or inc	dividua	al 5		✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.	compensate ort compe	ed inc nsatic	depe	end or th	ent ne c	contr alend	acto ar y	ors that receive rear ending wit	ed more tha h or within	ın \$10 the or	0,000 of ganizati	on's ta	ıx
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens		
None														
2	Total number of independent contractor	rs (includir	ng bu	t no	ot I	imit	ed to	th	ose listed abo	ove) who				
	received more than \$100,000 of compens	ation from t	he or	gani	izati	ion l	-		None	(8)				

Part VIII Statement of Revenue

		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
Grants	1a	Federated campaigns 1a				
Gra	b	Membership dues 1b		and the second		
ts, (An	С	Fundraising events 1c				
Gif ilar	d	Related organizations 1d				
ns, Sim	е	Government grants (contributions) 1e				
utio er 9	f	All other contributions, gifts, grants,	100			
rib Oth		and similar amounts not included above 1f 177,394				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a–1f: \$ 17,495		100		
-	h	Total. Add lines 1a–1f	177,394			
an a	0-	Business Code				
Seve	2a					
Program Service Revenue	b					
eZ.	d					
n S	e					
grai	f	All other program service revenue .				
Pro	g	Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶	5			5
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents .				
	b	Less: rental expenses				
	c d	Rental income or (loss) Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b	Less: cost or other basis		100		
	_	and sales expenses .	100			
	С	Gain or (loss) .				
	d	Net gain or (loss)				
d)						
evenue	8a	Gross income from fundraising	The second		300000000000000000000000000000000000000	
eve.		events (not including \$	100			
æ		of contributions reported on line 1c).	1000			
Other R		See Part IV, line 18				
ō	b	Less: direct expenses b 40,833				
	c 9a	Net income or (loss) from fundraising events . • Gross income from gaming activities.	91,802			
	Ja	See Part IV, line 19 a				
	b	Less: direct expenses b	The second second			
	C	Net income or (loss) from gaming activities				
		Gross sales of inventory, less				
		returns and allowances a				
2.	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue Business Code	100			
	11a					
	b					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
	12	iolai revenue. See instructions	269 201			

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).

De :==	Check if Schedule O contains a respon	se or note to any lir			
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		
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	54,539	49,084	5,455	
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 10	Other employee benefits	4,197	3,777	420	
11	Fees for services (non-employees):	4,137	3,777	420	
a b	Management				
c	Accounting	1,200		1,200	
d	Lobbying	·		1,000	
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column			2	
•	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	4,499	4,499		
13	Office expenses	3,140	2,665	475	
14 15	Information technology				
16	Royalties				
17	Travel	2,986	2,986		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,000	2,500		
19	Conferences, conventions, and meetings .				
20	Interest				
21 22	Payments to affiliates				
23	Insurance	840	765	75	
24	Other expenses. Itemize expenses not covered	0.10	703	73	
	above (List miscellaneous expenses in line 24e. If	and the second			700
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				San San
а	Program activities, services and awards	94,491	94,491		
b	Contractual services and professional fees	29,808	15,290	14,518	
С	Telephone	2,490	2,240	250	
d	Dues, subscriptions, memberships	2,618	2,433	185	
e 25	All other expenses Banks service charges Total functional expenses. Add lines 1 through 24e	295		295	
25 26	Joint costs. Complete this line only if the	201,103	178,230	22,873	
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

20-2123864

		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	147,322	2	214,917
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Service Control	and the state of t
		trustees, key employees, and highest compensated employees.	100000000000000000000000000000000000000		
- 1		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	AND STREET		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	٠	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			100 miles
S		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or	Service Continues of	-	100559087
		other basis. Complete Part VI of Schedule D 10a		9000	200
	b	Less: accumulated depreciation 10b		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	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	147,322	16	214,917
	17	Accounts payable and accrued expenses	2,900	17	2,434
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,	The second secon	2000	
=		trustees, key employees, highest compensated employees, and		990	
Liabilities		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	2,900	26	2,434
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	144,422	27	212,483
Bal	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
0 0	30	Capital stock or trust principal, or current funds	120/10/2009	30	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds.		32	
et	33	Total net assets or fund balances	144,422		212,483
2	34	Total liabilities and net assets/fund balances	147,322		214,917
-	01	, and manufact district address of the partition of the first of the f	177,366	-	Form 990 (2018)

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			\checkmark
1	Total revenue (must equal Part VIII, column (A), line 12)			9,201
2	Total expenses (must equal Part IX, column (A), line 25)		20	1,103
3	Revenue less expenses. Subtract line 2 from line 1		6	8,098
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		14	4,422
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			(37)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		21	2,483
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other)(L		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	165		
	Schedule O.			,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	NACES AND ADDRESS OF THE PARTY	✓
	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 Both consolidated and separate basis			
b	W II I I I I I I I I I I I I I I I I I	2b	elice.	1
ы	Were the organization's financial statements audited by an independent accountant?	20		٧
	separate basis, consolidated basis, or both:	refressors.		
	Separate basis Consolidated basis Both consolidated and separate basis	Philipse S	e service de	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
•	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	more the		
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Forr	n 990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Name	lame of the organization Employer identification number							
Amer	merican Military Family						20-212	
Par	200000000000000000000000000000000000000	Reason for Public Char						ns.
The c		ation is not a private foundat						
1		church, convention of church						
2		school described in section						
3		nospital or a cooperative hos	, ,					
4	ho	nedical research organizatio spital's name, city, and state						
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		federal, state, or local govern						
7		organization that normally scribed in section 170(b)(1)			ort from	a govern	nmental unit or from	the general public
8	\square A	community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9	or un	agricultural research organi university or a non-land-grai iversity:	nt college of agri	culture (see instructio	ns). Ente	r the nam	ne, city, and state of	the college or
10	red	organization that normally recipts from activities related pport from gross investment quired by the organization at	to its exempt fur income and unr	nctions—subject to ce related business taxab	ertain exc de incom	eptions, e (less se	and (2) no more thar ection 511 tax) from	n 331/3% of its
11	☐ Ar	organization organized and	operated exclus	sively to test for public	safety. S	See secti	on 509(a)(4).	
12	☐ Ar	organization organized and	operated exclusi	ively for the benefit of	, to perfo	orm the fu	inctions of, or to car	ry out the purposes
	of Ch	one or more publicly supponeck the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	rganizatio	on and complete line	s 12e, 12f, and 12g.
а		Type I. A supporting organ the supported organization supporting organization. Yes	(s) the power to	regularly appoint or el	lect a ma	jority of t		
b		Type II. A supporting organization(s). You must	the supporting of	rganization vested in	the same	with its s persons	upported organization that control or mana	on(s), by having age the supported
c		Type III functionally integ its supported organization(, ,					ally integrated with,
c	ı 🗆	Type III non-functionally it that is not functionally integrequirement (see instructionally integrated).	grated. The organ	nization generally mus	st satisfy	a distribu	ition requirement an	
e		Check this box if the organ functionally integrated, or 1						e II, Type III
f	Ente	er the number of supported of	organizations .					
ç	Pro	vide the following information	about the supp	orted organization(s).				
	(i) Nar	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)			N. Carlotte					
(C)								
(D)								
(E)								
Tak				CONTRACTOR OF THE PARKET OF TH	2.000	Cubron Control		

20-2/23864

Part II

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	137,261	134,456	110,936	235,056	177,394	795,103
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	137,261	134,456	110,936	235,056	177,394	795,103
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)						171,376
6	Public support. Subtract line 5 from line 4						623,727
Secti	on B. Total Support						023,121
	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	137,261	134,456	110,936	235,056	177,394	795,103
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			~			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	23,982	0	102,438	50,522	91,802	268,744
11	Total support. Add lines 7 through 10				With the second	,	1,063,847
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
Socti	organization, check this box and stop he			· · · · ·	· · · · ·		•
14	on C. Computation of Public Suppor			4 1 (0)			
15	Public support percentage for 2018 (line 6) Public support percentage from 2017 Sch					14	59 %
16a	33 ¹ / ₃ % support test—2018. If the organi				 d line 1/1 is 33	15	check this
	box and stop here. The organization qua	lifies as a publi	cly supported	organization	u iiile 14 i5 50	73 70 01 111016,	h ===
b	33 ¹ / ₃ % support test—2017. If the organithis box and stop here. The organization	zation did not d	check a box o	n line 13 or 16a	a, and line 15	is 33 ¹ /3% or mo	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization".	eets the "facts- facts-and-circu	and-circumstaumstaumstances" te	ances" test, ch st. The organiz	eck this box a ation qualifies	and stop here. as a publicly :	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	ation meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test.	test, check t The organization	this box and s on qualifies as	top here.
18	Private foundation. If the organization di						

Schedule A	(Form	990 or	990-EZ	2018



20-2123864

Page 8

rait VI	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 - 2018 \$91,802: Various fund raising events through out the year where AMF is the benefactor of these
community	by local business companies. These events are accounted for separately in the general ledger for increased management
oversight a	nd improved accountability.

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

American Military Family

Schedule of Contributors

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

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

OMB No. 1545-0047

2018

Employer identification number

20-2123864

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				
	nly a section 501(c)(7)	covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
Genera	l 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					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	contributor, during the contributions totaled during the year for a General Rule applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one he year, contributions exclusively for religious, charitable, etc., purposes, but no such dimore than \$1,000. If this box is checked, enter here the total contributions that were received on exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the est 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

American Military Family

Employer identification number
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	Transamerica 1801 California Street, Suite 5200 Denver, Colorado 80202	\$35,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	The Journey Home Project PO Box 1893 Mt Juliet, Tennessee 37121	\$15,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	Marathon Medical 3251 Lewiston Street, Suite #16 Aurora, Colorado 80011	\$13,000	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	Bill Miller 562 Tolland Drive Castle Rock, Colorado 80108	\$5,600	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	Jessica Messick 6430 Petersburg Court Colorado springs, Colorado 80922	\$7,371	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

lame o	f the organization					Employer identific	cation number
	merican Military Family						2123864
Part	Fundraising Activities. (Form 990-EZ filers are no				vered "Yes" on F	orm 990, Part IV,	line 17.
1	Indicate whether the organization	n raised funds t	hrough any	of the follo	owing activities. Ch	eck all that apply.	
а	☐ Mail solicitations		е	Solicitati	on of non-governn	nent grants	
b	Internet and email solicitation	าร	f	Solicitati	on of government	grants	
С	☐ Phone solicitations		g	Special f	undraising events		
d	In-person solicitations						
2a	Did the organization have a writt or key employees listed in Form						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pu	ırsuant to agreeme	ents under which th	e fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶			
3	List all states in which the organ registration or licensing.	nization is regis	tered or lic	ensed to s	olicit contributions	or has been notifi	ed it is exempt from

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			
			Clay Shoot	KLX Energy	(3) Community Pgm	(add col. (a) through			
a)			(event type)	(event type)	(total number)	col. (c))			
Revenue	1	Gross receipts	32,570	43,205	56,860	132,635			
-	2	Less: Contributions							
	3	Gross income (line 1 minus							
		line 2)	32,570	43,205	56,860	132,635			
	4	Cash prizes							
	5	Noncash prizes							
ses	6	Rent/facility costs							
Direct Expenses	7	Food and beverages				9			
ect		_							
ä	8	Entertainment							
	9	Other direct expenses .	9,377	29,150	2,306	40,833			
	10	Direct expense summary. Ad	ld lines 4 through 9 in co	olumn (d)		40.000			
	11	Net income summary. Subtra				40,833 91,802			
Pa	rt III	Gaming. Complete if th	e organization answe			or reported more than			
		\$15,000 on Form 990-E2	Z, line 6a.						
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)			
eve									
Œ	1	Gross revenue							
			c						
ses	2	Cash prizes							
Sen	2	Nanaala suissa							
EX	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							
	5	Other direct expenses .							
			☐ Yes %	☐ Yes %	☐ Yes %				
	6	Volunteer labor	☐ No	☐ No	☐ No				
	7								
	8	Net gaming income summary	v. Subtract line 7 from li	ne 1 column (d)					
		Trac garming moorne carminar	y. Odbiract iiile 7 iroiii ii	ne i, column (d)					
9	En	nter the state(s) in which the or	ganization conducts ga	ming activities:					
	a Is	nter the state(s) in which the or the organization licensed to co	onduct gaming activities	s in each of these states	s?	Yes No			
	b If '	"No," explain:							
		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .							
10	a \\/			augpondedt					
10	a W	ere any of the organization's g	aming licenses revoked	, suspended, or termina	ated during the tax year	? .			
	a W		aming licenses revoked						

Schedul	e G (Form 990 or 990-EZ) 2018	AME		20-0123	264	
11		oduct gaming activities wit	h nonmembers?	00-0107	Yes	Page 3
12	Is the organization a gran	ntor, beneficiary or trustee	e of a trust, or a member of a p	partnership or other	entity	
13	Indicate the percentage o	f gaming activity conducte			Lites	∐ ио
а					13a	%
b					13b	%
14			pares the organization's gaming.			
	Name ▶					
	Address ►					
	revenue?		ird party from whom the orga		Tyes	□No
b	If "Yes," enter the amount amount of gaming revenu	of gaming revenue receive retained by the third par	red by the organization ► \$	and th	ne	
С	If "Yes," enter name and	address of the third party:	Ψ			
	Name ▶					
	Address ▶					
16	Gaming manager informa	tion:				
	Name ▶					
	Gaming manager comper	nsation ► \$				
	Description of services pr	ovided ▶				
	☐ Director/officer	Employee	☐Independent contrac	tor		
17	Mandatory distributions:					
а	Is the organization requiretain the state gaming lice		ake charitable distributions from			□No
b		butions required under st	ate law to be distributed to othe			
Part	V Supplemental Inf	ormation. Provide the	explanations required by P and 17b, as applicable. Al	art I, line 2b, colu so provide any a	ımns (iii) and dditional infor	(v); and mation.
Page 2	., Part 2., Line 9 Other Direc	t Expenses: \$40,833.				
Two pr	imary events held and run b	y community businesses for	or AMF;			
KLX E	nergy had gross receipts of	\$43,205 and operating expe	nses of \$29,150 for all operating e			
Morter	son Construction had a clar	shooting contest, gross re	ceipts of \$32,570 and operating e	xpenses of \$9,377 for	all expenses;	
Severa	I other events were run for I	AMF and the organization re	ceived the net proceeds of the ev	ents; Gross receipts	were \$56,860	
while a	all operating expenses were	\$2,306.				

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.

Open to Public

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Inspection

American 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 financial consultant to review the 990 and the supporting schedules prior to filing. Any items requ	iring 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 Conflict of Interest F	Policy.
The Board President works closely with the board executive committee and the agency operations dire	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	ot 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.
P.12., Part XI, Line 9 Other changes in net assets or fund balances: (\$37); Reconciling item to tie endir	ng net assets for December 31, 2018.

Statement of Programs and Activities

Mission

American Military Family (AMF) Got Your Six (GY6): STOP VETERAN SUICIDE

The AMF GY6 program provides support for the seven (7) critical reintegration issues facing our Iraq/Afghanistan veterans: Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injuries (TBI), Emergency Financial Stressors, Legal Issues, VA Issues/Earned Veteran Benefits, Societal/Personal Relationship Dissonance and Veteran Isolation/Self Medication.

Statement of Program Accomplishments

The American Military Family Got Your Six (AMF GY6) Program originated in March 2017 in the State of Colorado and to the best of our knowledge it is the only program of this type throughout the country. It has already proven to be a very effective veteran suicide intervention program that has a proven, measurable result, for our struggling and/or suicidal veterans.

In March 2017, we started an AMF GY6 closed Facebook Page for veterans and their families. By the end of calendar year 2017, our membership had reached 2,434 members. By the end calendar year 2018, our membership had surpassed over 6,200 veterans and their families. Through this network, we have heard from struggling veterans and their families throughout the country and we have been able to reach out to this network to provide actual "boots on the ground" to assist in locating suicidal/struggling veterans and assist in finding them the necessary resources they desperately need.

In calendar year 2018, the American Military Family Board of Directors unanimously voted to modify our charter and our reach to assist and include: Law Enforcement Officers (LEOs), Firefighters and First Responders and their families. Our Motto: Taking Care of Those Who Take Care of All of Us".

In 2018, we received over 5000 donations. Many of those donations were small dollar amounts, but this is an immense growth in the number of donors our charity has received in any one year. The support and awareness of our program to STOP VETERAN SUICIDE has grown exponentially and as we expand our mission to include LEOs, Firefighters and First Responders and their Families, we believe 2019 is going to be an incredible year for our charity.