(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Open to Public

Inspection

OMB No. 1545-0047

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

4	For the	2019 calend	dar year, or tax year beginning	9	, 2019,	and end	ing			, 20		
3	Check if	applicable:	C Name of organization America	n Military Family					D Emplo	yer identification	number	
٦	Address	change	Doing business as		3.0					20-2123864		
\exists	Name ch	100	Number and street (or P.O. box	if mail is not delivered to s	treet address)		Room	n/suite	E Telepho	one number		
一	Initial retu		P.O. Box 238							303 746-8195		
ī		rn/terminated	City or town, state or province,	country, and ZIP or foreign	postal code							
\exists	Amended		Firestone, Colorado 80520	1017	116				G Gross	receipts \$	294,066	
\exists		on pending	F Name and address of principal o	fficer: Debbie McElhini	ney			H(a) Is this a gr	oup retum for	r subordinates? 🔲 Y	es 🗸 No	
	16.0.00		PO Box 230, Firestone, Color	rado 80520				H(b) Are all s	ubordinate	es included? 🗌 Y	es 🗌 No	
	Tax-exer	mpt status:	√ 501(c)(3) 501(c) () ◀ (insert no.)] 4947(a)(1) o	or 527	,	If "No," a	attach a lis	st. (see instructions	s)	
J	Website	: ▶ www.ar	nf.org					H(c) Group e	xemption i	number >		
<	Form of o	organization:	Corporation Trust Assoc	iation ☐ Other ▶	LY	ear of for	mation	2005	M State	of legal domicile:	co	
P	art I	Summa		N				SCHOOL STREET, STREET, SCHOOL SCHOOL STREET, SCHOOL STREET, SCHOOL STREET, SCHOOL STREET, SCHOOL				
-1000	1		scribe the organization's mis	sion or most signific	ant activitie	es:						
e)			Schedule O for complete des									
Governance		1.10000								m, m		
ern	2	Check this	s box ▶ ☐ if the organizatio	n discontinued its op	erations or	dispos	ed of	more than	25% of	its net assets.		
NO	3		f voting members of the gov						3		5	
8	4		f independent voting member						4		4	
00	5		ber of individuals employed						5		2	
12	6		ber of volunteers (estimate i						6		25	
Activities &			elated business revenue from						7a		0	
	b		ated business taxable incom						7b	***************************************	0	
		Prior '								Current Y	ear	
Revenue	8	Contributi	ions and grants (Part VIII, line	e 1h)				300	177,394		186,924	
	9		service revenue (Part VIII, lin				1					
eve	10		and the contract of the contra	t VIII, column (A), lines 3, 4, and 7d)								
ď	11		enue (Part VIII, column (A), li						91,802		56,930	
	12		nue-add lines 8 through 11						269,201		243,860	
********	13		nd similar amounts paid (Part									
	14		paid to or for members (Part									
U)	45		other compensation, employe						58,736		58,235	
Expenses	16a		nal fundraising fees (Part IX,									
per	b		draising expenses (Part IX, c			7,452						
Ä	17		oenses (Part IX, column (A), I		4e)	. , .			142,367		214,086	
	18		enses. Add lines 13-17 (mus			25) .			201,103		272,321	
	19		less expenses. Subtract line						68,098		(28,461)	
ò	Ses				202000000000000000000000000000000000000			ginning of Cur	rent Year	End of Y	ear	
Net Assets	20	Total asse	ets (Part X, line 16)				. [214,917		429,702	
Ass	21		ilities (Part X, line 26)						2,434		245,089	
Net	22		ts or fund balances. Subtrac	t line 21 from line 20			. [212,483		184,613	
	art II	Signat	ure Block									
U	nder pen	alties of perjur	ry, I declare that I have examined th	is return, including accomp	panying sched	lules and s	statem	ents, and to th	ne best of i	my knowledge an	d belief, it is	
tr	ue, correc	ct, and comple	ete. Declaration of preparer (other th	an officer) is based on all i	information of	which pre	parer h	nas any knowle	edge.			
_		INO	20th (2) Ucalhani	20		1		a	mil	14.70	70	
S	ign	Signa	ature of officer	0				Dat	E	1700		
	ere	De	Chhie M. Fibinne	11 CED/FOR	inder							
		Type	or print name and title)/								
-	-1.1	Print/Typ	pe preparer's name	Preparer's signature			Date	e	Check	if PTIN		
	aid		n na Mi	22 229					self-em	ployed		
	repare	Eigen'a m	ame Nonprofit Technical	Assistance Center Inc	· · · · · · · · · · · · · · · · · · ·			Firm	ı's EIN ▶	- Luciania		
U	se On	IIV I	iddress ► PO Box 22700, Denve						ne no.			
M	av the I		s this return with the prepare			ns) .				🗸 Yes	No	

Cat. No. 11282Y

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Part		ent of Program Service f Schedule O contains a		is Part III
1		be the organization's mis		
		hedule O for complete des	* **	
	riease see sc	iledule O foi complete des	Cription	
2	Did the organ	nization undertake any si	gnificant program services during th	e year which were not listed on the
~				
	and the second s	cribe these new services		
•				in how it conducts and programs
3			ing, or make significant changes	
				L Yes ☑ No
		cribe these changes on S		
4	Describe the	organization's program	service accomplishments for each o	of its three largest program services, as measured by
				eport the amount of grants and allocations to others,
	the total expe	enses, and revenue, if any	y, for each program service reported	
_				
4a	(Code:) (Expenses \$	229,289 including grants of \$) (Revenue \$
	Please see Sc	hedule O for complete des	cription	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(g g. a +	, , , , , , , , , , , , , , , , , , , ,
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$
4d	Other progra	m services (Describe on	Schedule ().)	
	(Expenses \$		g grants of \$) (Reve	nue \$
4e		n service expenses ▶	229,289	η (σ. γ.
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Part IV





Checklist of Required Schedules

			res	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	.70		•
	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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1

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Part	IV Checklist of Required Schedules (continued)			-
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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? <i>If</i> "Yes," <i>complete Schedule J</i>	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
h		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		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	25b		√
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		✓
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		1
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	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		. ,	
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	+		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	1	

Form 99	0 (2019) AMF 20-21238	64	P:	age 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			-3-
		1	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		√
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7 a	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			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		√
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	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	7h		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			teras.
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 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
С	the organization is licensed to issue qualified health plans			
14a	Enter the amount of reserves on hand	140		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14a	-	✓
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1710	-	
	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.	.0		•
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓
	If "Yes," complete Form 4720, Schedule O.			

20-2123864

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 on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, 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? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 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 the year by the following: 8a Each committee with authority to act on behalf of the governing body? 8b 1 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 on 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 **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 1 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? 1 15a 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 similar arrangement 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 17 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website ☐ Another's website ✓ Upon request ☐ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records

Rose Ramirez 4683 Hopper Place, Brighton, Colorado 80601 951 285 5961

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		
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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. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	ensa	ated any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individual or direct	unles	Pos neck ss pe	rson	e than or than is or trus employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Debbie McElhinney, CEO / Founder	2	1						0	0	,
(2) Bill Clauser, Board President	11	1		1		2		0		
(3) Rose Ramirez, Board Treasurer	1	1		1				0		
(4) Michelle Benavidez, Member at Large	11	1		•				0		
(5) Greg Watson, Member at Large	1	1							0	,
(6)		,						0	0	
(7) Debbie McElhinney, Executive Director	40				/			47,513		
(8) Rose Ramirez, Financial and admin services	Various				v					
(9)								6,584	0	
(10)										
(11)										
(12)	*									
(13)										
(14)										T

rait	MI Section A. Onicers, Directors, 1	rustees, i	ney i	_1111	hio.	yee	s, an	ur	ngnest compe	nsateu E	mpio	yees (continued)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles	Pos heck ss pe	erson	e than of is both or/trusi Highest compensated employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compens from rela organizat (W-2/1099-	ation ated ions	(F) Estimated amount of other compensation from the organization and related organizations
(15)							<u>a</u>					
(16)												
(17)												
(18)					-							
(19)												
(20)									590			
(21)												
(22)												
(23)												
(24)												
(25)					-							
1b	Subtotal		L	<u> </u>		<u></u>	<u>. </u>		54,097		0	0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A					>	54,097			
2	Total number of individuals (including but	not limited						e) w		e than \$10	0,000	
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> or any individual listed on line 1a, is the	officer, dire Schedule J	<i>for su</i> portal	<i>uch</i> ble	<i>ind</i> con	<i>ivid</i> npe	<i>ual</i> nsatio	on a	nd other compe	 nsation fro	 om the	3 🗸
	organization and related organizations individual											4 1
5	Did any person listed on line 1a receive of for services rendered to the organization?	or accrue co ? If "Yes," c	ompe compl	nsa 'ete	tion Scl	fro hedi	m any ule J	un for s	related organizat such person .	tion or ind	ividua 	5 🗸
Secti	on B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Report	nest compe ort compen	ensate sation	ed n fo	inde r the	epe e ca	ndent Ienda	cc r ye	ontractors that rear ending with or	eceived r within the	nore orgar	than \$100,000 of nization's tax year.
	(A) Name and business add	ress							(B) Description of sen	vices		(C) Compensation
None												
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed abov	e) who		

Part VIII	Statement	of Revenue
-----------	-----------	------------

		Check if Schedule O contains a response of	or note to any	y line in this Pa	rt VIII....		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					Marie Control
5 2	С	Fundraising events 1c					
r A	d	Related organizations 1d					
<u>=</u> =	е	Government grants (contributions) 1e					
Sir.	f	All other contributions, gifts, grants,					
e :		and similar amounts not included above 1f	186,924				Contract Contract
를	q	Noncash contributions included in					
d	J	lines 1a-1f 1g \$	21,390				
Cont	h	Total. Add lines 1a–1f	•	186,924			
		В	Business Code				
9	2a						
ω Ξ	b						
S I	С						
gram Ser Revenue	d						
Program Service Revenue	е						
<u> </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f	🕨				
	3	Investment income (including dividends, in					
		other similar amounts)	-	6			6
	4	Income from investment of tax-exempt bond	proceeds >				
	5	Royalties					
		(i) Real	(ii) Personal				
- 1	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	(2) (2)	▶ (ii) Other				
	7a	Gross amount nom	(ii) Other	The Control of the Control			
		sales of assets other than inventory 7a					Contract Con
a	b	Less: cost or other basis					
evenue	D	and sales expenses . 7b			and the second		
ève	С	Gain or (loss) 7c				400000000000000000000000000000000000000	
		Net gain or (loss)	•				
Other R	8a	Gross income from fundraising					
ŏ	04	events (not including \$					and the second
		of contributions reported on line					
		1c). See Part IV, line 18 8a	107,135		100	and the second second	
	b	Less: direct expenses 8b	50,206				
	С	Net income or (loss) from fundraising events	▶	56,930			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a		Property and			
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	▶				
	10a	, , , , , , , , , , , , , , , , , , , ,					
		returns and allowances 10a					
		Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	110	<u> -</u> =	Business Code				
scellaneo Revenue	11a b						
Ve la	C						
Re	d	All other revenue					
Σ	e	Total. Add lines 11a–11d	•				
	12	Total revenue. See instructions	•	243,860	0	0	6
				TU,UUU	U		

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).

	t include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	, and 10b of Part VIII.		expenses	general expenses	expenses
	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	47,513	38,011	9,502	
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	6,584		6,584	
9 10 11	Other employee benefits	4,138	2,908	1,230	
a b	Management				
c d	Accounting	1,200		1,200	
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	18,090	18,090		
13	Office expenses	3,849	1,925	1,924	
14	Information technology	413	413	1,02.4	
15	Royalties	,,,,			
16	Occupancy				
17	Travel	7,984	7,984		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	807	807		
20	Interest	8,772	8,772		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	840	765	75	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Program activities, services and awards	129,861	129,861		
b	Contract services and professional fees	33,097	13,860	11,785	7,45
С	Telephone	2,878	2,588	290	
d	Dues, subscriptions, permits, membership fees	5,901	3,305	2,596	
е	All other expenses Bank services charges	394		394	
25 26	Total functional expenses. Add lines 1 through 24e 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 if following SOP 98-2 (ASC 958-720)	272,321	229,289	35,580	7,45

AMF

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash-non-interest-bearing 1 214,917 176,276 2 2 3 3 4 4 1,000 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 8 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . 10a Less: accumulated depreciation 10b 10c 252,426 Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related, See Part IV, line 11. 13 14 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 214,917 16 429,702 Accounts payable and accrued expenses . . . 17 17 2,434 Grants payable 18 18 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 244,652 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 25 26 Total liabilities. Add lines 17 through 25 26 2,434 245,089 Net Assets or Fund Balances Organizations that follow FASB ASC 958, check here ▶ ✓ and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 212,483 27 184,613 28 28 Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds . . . 31 31 32 212,483 32 184,613 33 Total liabilities and net assets/fund balances 33 214,917 429,702

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 🗸 1 243,860 2 Total expenses (must equal Part IX, column (A), line 25) 2 272,321 3 3 (28,461)Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . 4 4 212,483 Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 7 7 8 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 591 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 184,613 Part XII Financial Statements and Reporting No 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? . . . 2a 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 Were the organization's financial statements audited by an independent accountant? 2b If "Yes." check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for 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 on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. 3b

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number American Military Family 20-2123864 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule È (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/30 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (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

Saction	Part III. If the organization fails to on A. Public Support	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2013	110,936	235,056	(u) 2018	205,713	863,555
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			v			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	134,456	110,936	235,056	177,394	205,713	863,555
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)						145,517
6	Public support. Subtract line 5 from line 4						718,038
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	134,456	110,936	235,056	177,394	205,713	863,555
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				5	6	11
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.)	0	102,438	50,522	91,802	38,141	282,903
11	Total support. Add lines 7 through 10		,		, in the second		1,146,469
12	Gross receipts from related activities, etc	. (see instructio	ons)			12	0
13	First five years. If the Form 990 is for the		's first, second	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he						▶ 🗆
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line					14	63 %
15	Public support percentage from 2018 Sch					15	59 %
16a	33 ¹ / ₃ % support test—2019. If the organibox and stop here. The organization qua						
h	33 ¹ / ₃ % support test—2018. If the organi			-			
b	this box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test—2010% or more, and if the organization meets the "organization	eets the "facts- 'facts-and-circu	and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a zation qualifies	and stop here. as a publicly	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets the meets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test.	'test, check t The organization	his box and son qualifies as	top here.
18	Private foundation. If the organization di						see

Part VI



Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Par
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, 2
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 I
lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income - 2019 \$38,141; Various funding events throughout the year where AMF is the benefactor of these
community engagement activities by local business es. These events are accounted for separately in the general ledger
from regular programming activities for greater management oversight and improved financial accountability.

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2019

Employer identification number

American Military Family			20-2123864				
Organization type (check one):							
Filers o	f:	Section:					
Form 990 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	90-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 a	and a Special Rule. See				
General Rule							
7	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	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.		00 or 990-EZ), Part II, line				
	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.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year						

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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

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	
	Transamerica 1801 California, Suite 5200 Denver, Colorado 80202	\$ 40,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Doris McElhinney 525 Court Street Reno, Nevada 89501	\$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	
3	Mark Young Construction Company 7200 Miller Place Frederick, Colorado 80504	\$18,789	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	Marathon Medical 3251 Lewiston Street, #16 Aurora, Colorado 80011	\$12,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
55	Bill Miller 562 Tolland Drive Castle Rock, Colorado 80108	\$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	
	Infinite Heroes 22365 El Toro Road, #275 Lake Forest, California 92630	\$25,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

No. 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

2019
Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

	can Military Family		20-2123864
Pai	3	sed Funds or Other Similar Fund	ls or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	advisors in writing that the assets he	ld in donor advised
	funds are the organization's property, subject to the	organization's exclusive legal control	? Yes No
6	Did the organization inform all grantees, donors, an	d donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the benefit	of the donor or donor advisor, or for	r any other purpose
	conferring impermissible private benefit?		· · · · · · · Yes No
Par	t II Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV. line 7.	
1	Purpose(s) of conservation easements held by the o	rganization (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	f a historically important land area
	☐ Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi	storic structure included in (a)	. 2c
d	Number of conservation easements included in (conservation)	c) acquired after 7/25/06, and not o	n a
3	Number of conservation easements modified, trans-		
	tax year >		, , , , , , , , , , , , , , , , , , , ,
4	Number of states where property subject to conserv		
5	Does the organization have a written policy rega	arding the periodic monitoring, insp	ection, handling of
_	violations, and enforcement of the conservation easi		
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
_	\$		
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)
0	and section 170(h)(4)(B)(ii)?	* * • • • • • • • • • • •	Yes 🗌 No
9	in Part Ain, describe now the organization reports co	onservation easements in its revenue a	and expense statement and
	balance sheet, and include, if applicable, the text of organization's accounting for conservation easemen	the footnote to the organization's final	ncial statements that describes the
Part			Nils and Circuit and Association
	Complete if the organization answered "Y	/es" on Form 000 Part IV line 9	other Similar Assets.
4.0			
1a	If the organization elected, as permitted under FASE of art, historical transures, ar other similar assets	B ASC 958, not to report in its revenue	e statement and balance sheet works
	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to	neid for public exhibition, education,	or research in furtherance of public
h			
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue st	atement and balance sheet works of
	art, historical treasures, or other similar assets held to provide the following amounts relating to these items	or public exhibition, education, or rese	earch in furtherance of public service,
	(i) Revenue included on Form 900. Part VIII line 4	J.	*
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		🟲 为
2	If the organization received as held wells of the		> \$
2	If the organization received or held works of art, I following amounts required to be reported under FA:	distorical treasures, or other similar a	assets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	SD ASC 936 relating to these items:	•
	Assets included in Form 990, Part X		\$

3	Using the organization's acquisition, a							
	collection items (check all that apply):	,		,	only		ing that make of	grimourit add or ito
а	☐ Public exhibition		d	☐ Loan	or exchang	e progi	ram	
b	☐ Scholarly research		е	☐ Othe	er			
C	☐ Preservation for future generations							
4	Provide a description of the organizati XIII.	on's collections	and exp	lain how	they further	the org	ganization's exem	pt purpose in Part
5	During the year, did the organization sassets to be sold to raise funds rather	solicit or receive than to be mainta	donatio ained as	ns of art, part of th	, historical tr ne organizati	reasure ion's co	s, or other similar	☐ Yes ☐ No
Par	IV Escrow and Custodial Arra							
	Complete if the organization 990, Part X, line 21.						,	
1a	Is the organization an agent, trustee, included on Form 990, Part X?	* * * * *				ions o	other assets not	Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	rt XIII and compl	ete the f	ollowing ⁻	table:		An	nount
С	Beginning balance					10	;	
d	Additions during the year					10	ı	
е	Distributions during the year					16		
f	Ending balance					11		
2a	Did the organization include an amoun	t on Form 990, P	art X, lin	e 21, for	escrow or cu	ustodia	I account liability?	Yes No
b	If "Yes," explain the arrangement in Pa	rt XIII. Check her	e if the	explanation	on has been	provid	ed on Part XIII .	🗆
Par	t V Endowment Funds.						The second second second	
	Complete if the organization	answered "Yes	" on Fo	rm 990,	Part IV, line	e 10.		
A CONTRACTOR OF THE PARTY OF TH		(a) Current year	T	rior year	(c) Two year		(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions			1200000				
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	e current vear er	nd balan	ce (line 1	g. column (a)) held	as:	
а	Board designated or quasi-endowment	.	%		9,(4	,,,		
b	Permanent endowment	0/2						
С	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2	c should equal 1	00%.					
3a	Are there endowment funds not in the organization by:			ization th	nat are held	and ad	ministered for the	Yes No
	(i) Unrelated organizations							3a(i)
								3a(ii)
b	If "Yes" on line 3a(ii), are the related org	anizations listed	 Las regu	ired on S	chedule R2			3b
4	Describe in Part XIII the intended uses	of the organization	n's end	owment	funde			30
Part			311 0 0110	OWITIOTIC	idildo.			
NAME OF TAXABLE PARTY.	Complete if the organization		" on Fo	rm 990	Part IV line	2112	See Form 990 E	Part X line 10
-	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Book value
		(investm		the second secon	other)		epreciation	(u) Book value
1a	Land				252,426			252,426
b	Buildings			-				
c	Leasehold improvements							
d	Equipment			-				
Total	Other		00.5	<u></u>	(5) .:			
rotal.	Add lines 1a through 1e. (Column (d) mu	ust equal Form 9:	90, Part	X, colum	n (B), line 10	(c.)		252,426

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

Open to Public

Employer identification number **American Military Family** 20-2123864 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants ☐ Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) fundraiser listed in (ii) Activity custody or control of contributions? (or retained by) or entity (fundraiser) from activity organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	art II	Fundraising Events. Cor than \$15,000 of fundraisingross receipts greater tha	ng event contributions	on answered "Yes" or and gross income on	n Form 990, Part IV, lir Form 990-EZ, lines 1 a	ne 18, or reported more and 6b. List events with	
		4	(a) Event #1 Clay Shoot (event type)	(b) Event #2 15 YR AMF Gala (event type)	(c) Other events Golf Tournament (total number)	(d) Total events (add col. (a) through col. (c))	
Revenue	1	Gross receipts	42,666	45,681	18,788	107,135	
Œ	2 3	Less: Contributions Gross income (line 1 minus line 2)	42,666	45,681	18,788	107,135	
	4	Cash prizes					
	5	Noncash prizes					
enses	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
Direc	8	Entertainment					
	9	Other direct expenses .	16,497	33,709	0	50,206	
Pa	10 11 art III	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if th \$15,000 on Form 990-E2	act line 10 from line 3, c e organization answe	olumn (d)	🕨	50,206 56,930 or reported more than	
Revenue		\$15,500 OHT OHI 990-L2	(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Be	1	Gross revenue					
Ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %		
	6	Volunteer labor	□ No	□ No	□ No		
	7	Direct expense summary. Ad	ld lines 2 through 5 in co	olumn (d)			
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)			
9	a Is	iter the state(s) in which the or the organization licensed to co 'No," explain:	onduct gaming activities	s in each of these states	5?		
10	a We		aming licenses revoked	, suspended, or termina	ated during the tax year'	? . Yes No	

Schedu	e G (Form 990 or 990-EZ) 2019	IF		20-31	n3868	
11	Does the organization conduct g	paming activities with nonr	members?	000	70001	Page 3
12	Is the organization a grantor, be					es 🗌 No
	formed to administer charitable of	gaming?	trust, or a member of a partne	rship or other	\square Ye	es 🗌 No
13	Indicate the percentage of gamir				🗆 Ҡ	25 NO
а	The organization's facility				13a	%
b	An outside facility				13b	%
14	Enter the name and address of the					70
	records:	no pordon who propared t	ne organization s garming/specif	ai events boo	KS and	
	Name ▶					
15a	Does the organization have a	contract with a third par	rty from whom the organization	on receives o	gaming	
	revenue?				□ Ye	es 🗌 No
b	If "Yes," enter the amount of gan	ning revenue received by	the organization ► \$	and t	he	
-	amount of gaming revenue retain	ned by the third party	\$			
C	If "Yes," enter name and address	s of the third party:				
	Name >					
	Name ▶					
	Address ►					
16	Gaming manager information:)			
	Name ▶					
	Gaming manager compensation	> \$				
	December of the state of the st					
	Description of services provided					
		□Employee	☐ Independent contractor			
17	Mandatory distributions:					
а	Is the organization required und	er state law to make cha	aritable distributions from the o	aming proce	eds to	
	retain the state gaming license?		· · · · · · · · · · · · · · · · · · · ·		TY	s 🗌 No
b	Enter the amount of distributions	required under state law	to be distributed to other exen	npt organizati	ons or	
	spent in the organization's own e	exempt activities during th	e tax year ▶ \$	_		
Part	✓ Supplemental Informat Part III, lines 9, 9b, 10t See instructions.	ion. Provide the expla o, 15b, 15c, 16, and	nations required by Part I, 17b, as applicable. Also pr	line 2b, colu ovide any a	umns (iii) and Idditional inf	d (v); and ormation.
Page 2	, Part 2., Line 9 Other Direct Costs	: \$50,206				
Three	rimary events held, two by commu	nity businesses for AMF an	d one in conjunction with AMF:			
	son Construction had a clay shooti					
			were \$42,000 and an event opera			
AMF ha	d a special 15 year GALA Event and		681 and all event operating expen	ses were \$33,	709	
Mark Y	oung Construction Company held a	Golf Tournament The Gre	ass receints were \$18 788			
	and a second and a second as					

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.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

American Military Family

Employer identification number

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 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 Conflict of Interest Policy.
The Board President works closely with the board executive committee and the agency operations director
to ensure no conflicts are present in any of the agency's operations.
P.6, Part VI, Section B, Line 15: Salary survey information; The agency has very modest salaries. While they are working at revising
those salaries to a more commensurate and competitive level in the future, the economic realities do not allow for any significant
changes to occur in the short run. The present staff contribute lots of donated time to the organization 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 agency will make its public forms
available upon written request to any party making a proper request, generally within 10 business days of receiving the request. The
agency does not share its internal financial statements with the general public. The agency will make available its organizing and
governing documents if the party makes a written request and the party is unable to obtain them from the other public sources.
P.12., Part XI, Line 9 Other changes in net assets or fund balances: \$591; Reconciling item to tie ending net assets for December 31, 2019.

Statement of Programs and Activities: Mission and Programs

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

American Military Family Got Your Six Program (#AMFGY6) has one mission:

To Stop Veteran/First Responder Suicide through intrusive interventions from trained peers and certified mental health therapists, during times of crisis, as well as deepening prevention, by providing wrap around services that combat the seven key suicide triggers for veterans and first responders: Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), Financial Stressors, Earned veteran benefits/VA issues, Societal/Personal Relationship Issues/Isolation and Self Medication-Over Medication Issues.

Statement of Program Services and Accomplishments

In calendar year 2019, American Military Family sold 1,680 Colorado Support the Troops License Plates, the largest number of plates sold since 2007, raising over \$42,000 of which 93% of every dollar raised in this program is returned directly to the Colorado veterans, troops and their families.

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Introduction of the newest American Military Program "AMF Bringing It Home:

In calendar year 2019 we created a new program called "American Military Family Bringing It Home", because the wives, significant others and children all serve and struggle too. This program addresses their needs, their concerns, their fears, etc. We started a Social Media Facebook page on August 16, 2019. Today we have 140 spouses, significant others and children who share their thoughts, ask questions of one another and work together to grow their families and relationships after living with someone who has served our country.

American Military Family Got Your Six Intrusive Interventions

In March 2019, #AMFGY6 hosted our first "Intrusive Intervention" hosting twelve (12) highly volatile, suicidal/struggling veterans to a weekend in the mountains of Estes Park, Colorado. The dialogue was intense and so was the impact. The results were powerful: Eleven months later: All struggling/suicidal veterans are alive today. All are employed. One severely addicted alcohol has been sober for 11 months and continues in therapy and all twelve (12) veterans continue to stay connected to one another and reach out when struggling with every day issues. This program has proven to be highly successful in taking our veterans/first responders from "Suicidal to Successful".

In June 2019, #AMFGY6 hosted their second "Intrusive Intervention" in the heart of downtown Denver, Colorado. In attendance was one Gold Star Mom (lost her son in Iraq), eleven (11) combat veterans and the four (4) members of the #AMFGY6 Quick Reaction Force (QRF) Lead Team. Once again, the dialogue was intense and the results were equally powerful. 8 months later: All are alive today. All are employed, one is still very volatile (suicidal ideations), two are still drinking, but it is not a daily effort and one has moved in with his girlfriend and they are working on his drinking issues daily. A seven (7) tour veteran hit several bumps in the road – his marriage ended and she received 90% of his VA retirement eligibility benefits, but he has picked himself up, has a full-time job and is trying to move forward with his life. He remains in contact with his children and with the #AMFGY6 Lead Team.

In October 2019, #AMFGY6 hosted our third "Intrusive Intervention". In attendance were 20 combat veterans and their spouses/significant others. These interventions continue to grow in numbers and strength. For over 4½ hours, we had, Raw & Real, Open, Heavy, Hard-Hitting, Honest dialogue. Every veteran opened up about their greatest fears and anxieties. Many relived their hardest moments in combat. Tears were flowing for hours – then came the calm. Comments of love and support, soothing and healing hugs and trust and today, 20 of the 21 veterans and their families are still alive, living together in much healthier relationships. One veteran is still suicidal and refuses to engage. One veteran continues to self-medicate with alcohol and refuses to go into a drug/alcohol treatment center. We can only help those who truly want the help and those who step away from their fears and anxiety and grab the life raft to solidify the support system.