

For the calendar year 2015 or fiscal year beginning MM, DD, 2015 and ending MM, DD, 20, Y, Y.

CHECK ONE: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name MILITARY ASSISTANCE MISSION INC. Address – number and street or PO Box 515 E CAREFREE HWY STE 971 City, Town or Post Office PHOENIX
Business Telephone Number (with area code) (602) 246-6429	State AZ
	ZIP Code 85085

CHECK BOX IF return filed under extension: <input checked="" type="checkbox"/> 82 82C <input type="checkbox"/> 3-month federal <input type="checkbox"/> 82F <input type="checkbox"/> 6-month Arizona/federal	
REVENUE USE ONLY. DO NOT MARK IN THIS AREA. <input checked="" type="checkbox"/> 88	
<input checked="" type="checkbox"/> 81 PM	<input checked="" type="checkbox"/> 66 RCVD

- 68 Check box if: This is a first return Name change Address change
- A Date Arizona operations began: 01/01/2012
- B Nature of Arizona activities: ASSISTANCE FOR MILITARY FAMILIES
- C Federal form filed: 990 990-EZ Other (specify) _____
- Include a copy of the organization's federal return.**
- NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY –**
- D NMMD Registry Identification Number: _____
- E What type of entity is the dispensary?
 Corporation Limited Liability Company (LLC) Partnership S corporation
 Sole Proprietorship
- F If the dispensary is an LLC, what is the federal tax classification?
 Corporation Disregarded Entity Partnership S corporation
- If the dispensary is an LLC, a partnership or an S corporation, **include a schedule** that lists the following ownership information:
 name, address, TIN, and ownership percentage at the end of the tax year.
- G Federal form filed: 1040 1041 1065 1120 1120-S Other (specify) _____
- H Check this box if you included a copy of the dispensary's federal return with its Arizona Form 120S or Form 165 when it was filed;
 do not include a copy of the same return with this form. **Otherwise, include a copy of the dispensary's federal return.**

Sources of Income

1	Gross sales from business activities.....	1		00
2	Less cost of goods sold or of operations: Include itemized statement	2		00
3	Gross profit from business activities: Subtract line 2 from line 1	3		00
4	Interest.....	4		00
5	Dividends	5		479 00
6	Rents and royalties	6		00
7	Gain or (loss) from sales of assets, excluding inventory items.....	7		00
8	Dues, assessments, etc., from members	8		00
9	Dues, assessments, etc., from affiliates	9		00
10	Contributions, gifts, grants, etc., received.....	10		585,483 00
11	Other income: Include itemized statement	11		15,822 00
12	Total income: Add lines 3 through 11	12		601,784 00

Administrative Expenses

13	Compensation of officers, directors, trustees, etc.....	13		87,074 00
14	Salaries and wages other than amounts included on line 2	14		69,412 00
15	Interest.....	15		00
16	Taxes	16		13,028 00
17	Rent expense.....	17		45,065 00
18	Depreciation: Include schedule.....	18		2,713 00
19	Miscellaneous expenses: Include itemized statement.....	19		360,702 00
20	Total expenses: Add lines 13 through 19.....	20		577,994 00

Disbursements

21	Disbursements from current income for exempt purposes from page 2, line A6.....	21		00
22	Disbursements from principal for exempt purposes from page 2, line B6	22		00
23	Other disbursements not itemized on Schedule A or Schedule B: Include schedule	23		00

Accumulation of Income

24	Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23	24		23,790 00
25	Accumulation of income at beginning of year	25		250,059 00
26	Accumulation of income at end of year: Add lines 24 and 25.....	26		273,849 00

Penalty

27	Penalty for late filing or incomplete filing. See instructions.....	27		00
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).

Name (as shown on page 1) MILITARY ASSISTANCE MISSION INC.

SCHEDULE A Disbursements From Current Income for Exempt Purposes

A1	Dues, assessments, etc., to affiliates	A1		00	
A2	Contributions, gifts, grants, etc., paid	A2		00	
A3	Benefit payments to or for members or their dependents:				
A3a	Death, sickness, hospitalization, disability, or pension benefits	A3a		00	
A3b	Other benefits	A3b		00	
A4	Dividends and other distributions to members, shareholders, or depositors	A4		00	
A5	Other	A5		00	
A6	Total: Add lines A1 through A5. Enter total here and on page 1, line 21	A6			00

SCHEDULE B Disbursements From Principal for Exempt Purposes

B1	Dues, assessments, etc., to affiliates	B1		00	
B2	Contributions, gifts, grants, etc., paid	B2		00	
B3	Benefit payments to or for members or their dependents:				
B3a	Death, sickness, hospitalization, disability, or pension benefits	B3a		00	
B3b	Other benefits	B3b		00	
B4	Dividends and other distributions to members, shareholders, or depositors	B4		00	
B5	Other	B5		00	
B6	Total: Add lines B1 through B5. Enter total here and on page 1, line 22	B6			00

SCHEDULE C Balance Sheet

NOTE: Amounts used in included schedules and in this column should be end of year amounts.

		(a) Beginning of Year		(b) End of Year	
Assets					
C1	Cash	244,374	00	c1	254,991 00
C2a	Accounts receivable	C2a	00		
C2b	Less allowance for doubtful accounts	C2b	00		
C2c	Line C2a less line C2b. Enter difference in column (b)		00	C2c	00
C3a	Other notes and loans receivable: Include schedule	C3a	00		
C3b	Less allowance for doubtful accounts	C3b	00		
C3c	Line C3a less line C3b. Enter difference in column (b)		00	C3c	00
C4	Inventories	1,565	00	c4	785 00
C5	Investments (securities): Include schedule	11,827	00	c5	12,306 00
C6	Investments (other): Include schedule		00	c6	00
C7a	Land, buildings, and equipment; basis:	C7a	23,887 00		
C7b	Less accumulated depreciation: Include schedule ...	C7b	5,853 00		
C7c	Line C7a less line C7b. Enter difference in column (b)		7,884 00	C7c	18,034 00
C8	Other assets (describe): SECURITY DEPOSIT		3,485 00	c8	3,485 00
C9	Total assets: Add lines C1 through C8		269,135 00	c9	289,601 00
Liabilities					
C10	Accounts payable and accrued expenses	7,606	00	c10	4,282 00
C11	Mortgages and other notes payable: Include schedule		00	c11	00
C12	Other liabilities (describe): DEFERRED REVENUE		11,470 00	c12	11,470 00
C13	Total liabilities: Add lines C10 through C12		19,076 00	c13	15,752 00
Net Assets					
C14	Capital stock or trust principal		00	c14	00
C15	Paid-in or capital surplus		00	c15	00
C16	Retained earnings or accumulated income	250,059	00	c16	273,849 00
C17	Total net assets: Add lines C14 through C16		250,059 00	c17	273,849 00
C18	Total liabilities and net assets: Add lines C13 and C17		269,135 00	c18	289,601 00

 PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1)

MILITARY ASSISTANCE MISSION INC.

Declaration

Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please

Sign

Here

OFFICER'S SIGNATURE

DATE

BOARD MEMBER

TITLE

Paid

Preparer's

Use

Only

PAID PREPARER'S SIGNATURE

DATE

P00247744

PAID PREPARER'S PTIN

ASSOCIATED TAX CONSULTANTS, LLC

FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)

45-4096435

FIRM'S EIN OR SSN

301 W WARNER RD, STE 132

FIRM'S STREET ADDRESS

(480) 893-1394

FIRM'S TELEPHONE NUMBER

TEMPE

CITY

AZ

STATE

85284

ZIP CODE

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153