

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

<b>A</b> For the 2012 calendar year, or tax year beginning <b>2012</b> , and ending <b>20</b>																														
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>MILITARY ASSISTANCE MISSION INC</b></td> <td><b>D</b> Employer identification number <b>45-4084403</b></td> </tr> <tr> <td colspan="2">Doing Business As</td> <td><b>E</b> Telephone number <b>(602) 246-6429</b></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>515 E CAREFREE HWY STE 971</b></td> <td rowspan="2"><b>G</b> Gross receipts \$ <b>400,125</b></td> </tr> <tr> <td colspan="2">City, town or post office, state, and ZIP code <b>PHOENIX AZ 85085</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>SEE ATTACHMENT #1</b></td> <td><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <b>N/A</b></td> <td></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶</td> <td><b>L</b> Year of formation: <b>2012</b> <b>M</b> State of legal domicile: <b>AZ</b></td> </tr> </table>	<b>C</b> Name of organization <b>MILITARY ASSISTANCE MISSION INC</b>		<b>D</b> Employer identification number <b>45-4084403</b>	Doing Business As		<b>E</b> Telephone number <b>(602) 246-6429</b>	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>515 E CAREFREE HWY STE 971</b>		<b>G</b> Gross receipts \$ <b>400,125</b>	City, town or post office, state, and ZIP code <b>PHOENIX AZ 85085</b>		<b>F</b> Name and address of principal officer: <b>SEE ATTACHMENT #1</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "No," attach a list. (see instructions)	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	<b>J</b> Website: ▶ <b>N/A</b>			<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2012</b> <b>M</b> State of legal domicile: <b>AZ</b>
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<b>Part I Summary</b>			
<b>ACTIVITIES &amp; GOVERNANCE</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ASSIST THE FAMILIES OF ACTIVE MILITARY WITH EMERGENCY FUNDS AND SERVICES</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	12
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	12
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .	<b>5</b>	
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0	
<b>REVENUE</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	400,132
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .		-7
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .		
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .		
	<b>12</b> Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .		400,125
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .		26,315
<b>EXPENSES</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .		93,898
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .		64,043
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .		184,256
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .		215,869	
<b>ASSETS OR LIABILITIES</b>	<b>20</b> Total assets (Part X, line 16) . . . . .	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) . . . . .		224,166
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .		5,504
			218,662

**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.

<b>Sign Here</b>	Signature of officer	Date
	<b>MARGY BONS</b> Type or print name and title	<b>EXECUTIVE DIRECTOR</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>NINA TROSS MBA EA</b>	Preparer's signature <b>NINA TROSS MBA EA</b>	Date <b>04-22-2013</b>	Check <input type="checkbox"/> if self-employed <input checked="" type="checkbox"/>	PTIN <b>P00138956</b>
	Firm's name ▶ <b>AZ BUSINESS SOLUTIONS INC</b>	Firm's EIN ▶ <b>86-1014387</b>		Phone no.	
	Firm's address ▶ <b>4939 W RAY RD STE 4333</b> <b>CHANDLER AZ 85226</b>	<b>(480) 440-9708</b>			

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2012)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

TO ASSIST THE FAMILIES OF ACTIVE MILITARY WITH EMERGENCY FUNDS AND SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 169,350 including grants of \$ 283,999 ) (Revenue \$ 116,133 )  
SEE ATTACHMENT #2

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 169,350

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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 . . . . . <i>N/A</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . <i>N/A</i>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .		X
<b>23</b> 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 . . . . .		X
<b>24a</b> 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 25 . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . N/A		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . . N/A		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . N/A		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		X
<b>b</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 . . . . .		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
<b>c</b> 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 . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		X
<b>33</b> 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 . . . . .		X
<b>34</b> 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 . . . . .		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</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 . . . . .		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
<b>37</b> 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 . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, sub-column (e.g., 1a, 1b), and Yes/No columns. Contains questions 1a through 14b regarding IRS filings and tax compliance.

**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 to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 12		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
	<b>1b</b> 12		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .		X
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .		X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . N/A		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>b</b>	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .		X
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		X
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>b</b>	Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions).		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . N/A		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ AZ
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ SEE ATTACHMENT #3

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(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
		INDIVIDUAL TRUSTEE OR DIRECTOR	INSTITUTIONAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER				
DAVID A WHITTEN CHAIRMAN	5.00	X		X							
GREGG PAUL VICE CHAIRMAN	2.00	X		X							
DEAN MARTIN TREASURER	5.00	X		X							
ED HAMMERS SECRETARY	3.00	X		X							
JIM SHARPE BOARD MEMBER	1.00	X									
GREG WELLS BOARD MEMBER	1.00	X									
NICOLE CRITES BOARD MEMBER	1.00	X									
MAX SIRSTINS BOARD MEMBER	1.00	X									
TREY VINEYARD BOARD MEMBER	1.00	X									
REINE YAZBECK-YOUN BOARD MEMBER	1.00	X									
CHRISTOPHER MEISTE BOARD MEMBER	1.00	X									
MARGY BONS BOARD MEMBER	40.00	X				X					

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(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
		INDIVIDUAL	DIRECTOR	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
<b>1b Sub-total</b> .....	▶										
<b>c Total from continuation sheets to Part VII, Section A</b> .....	▶										
<b>d Total (add lines 1b and 1c)</b> .....	▶										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for ..... services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶



**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question 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, 513, or 514	
OTHER CONTRIBUTIONS SIMILAR AMOUNTS	<b>1a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>	10,000			
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) ....	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, & similar amounts not included above ..	<b>1f</b>	390,132			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		58,283			
<b>h Total.</b> Add lines 1a-1f .....		400,132				
PROGRAM SERVICE REVENUE	<b>2a</b> <u>MISC</u>	<b>Business Code</b>	96			
	<b>b</b> <u>RETURNED CHECK</u>		-103			
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....		-7			
OTHER REVENUE	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....					
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6a</b> Gross Rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) .....					
	<b>7a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses ....				
		<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
	<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....						
<b>10a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
<b>b</b> Less: cost of goods sold .....	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....		400,125				

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . .				
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	26,315	26,315		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	68,965	64,827	4,138	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b>	Other employee benefits . . . . .				
<b>10</b>	Payroll taxes . . . . .	24,933	23,437	1,496	
<b>11</b>	Fees for services (non-employees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	4,055		4,055	
<b>c</b>	Accounting . . . . .	500		500	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	4,416	4,151	265	
<b>12</b>	Advertising and promotion . . . . .				
<b>13</b>	Office expenses . . . . .	1,260	1,184	76	
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	17,018	15,997	1,021	
<b>17</b>	Travel . . . . .	646	646		
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	382	382		
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .	11,718	11,718		
<b>22</b>	Depreciation, depletion, and amortization . . . . .				
<b>23</b>	Insurance . . . . .				
<b>24</b>	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>	<u>PAYROLL PROCESSING FEES</u>	1,145		1,145	
<b>b</b>	<u>PRINTING SUPPLIES</u>	595	595		
<b>c</b>	<u>TECHNOLOGY SUPPLIES</u>	553	553		
<b>d</b>	<u>EVENT SUPPLIES</u>	1,077	1,077		
<b>e</b>	All other expenses _____	20,678	18,468	2,210	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	184,256	169,350	14,906	
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year	(B) End of year
<b>A S S E T S</b>	<b>1</b> Cash -- non-interest-bearing .....	<b>1</b>	219,360
	<b>2</b> Savings and temporary cash investments .....	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	<b>3</b>	
	<b>4</b> Accounts receivable, net .....	<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....	<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958 (f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L .....	<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	<b>7</b>	
	<b>8</b> Inventories for sale or use .....	<b>8</b>	2,490
	<b>9</b> Prepaid expenses and deferred charges .....	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>	2,316
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	
		<b>10c</b>	2,316
	<b>11</b> Investments -- publicly traded securities .....	<b>11</b>	
	<b>12</b> Investments -- other securities. See Part IV, line 11 .....	<b>12</b>	
	<b>13</b> Investments -- program-related. See Part IV, line 11 .....	<b>13</b>	
	<b>14</b> Intangible assets .....	<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	<b>16</b>	0	224,166
<b>L I A B I L I T I E S</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>17</b>	5,504
	<b>18</b> Grants payable .....	<b>18</b>	
	<b>19</b> Deferred revenue .....	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....	<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	<b>24</b>	
	<b>25</b> 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 .....	<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>26</b>	0
<b>N E T F U N D A S S E T S O R</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets .....	<b>27</b>	
	<b>28</b> Temporarily restricted net assets .....	<b>28</b>	
	<b>29</b> Permanently restricted net assets .....	<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds .....	<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....	<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....	<b>32</b>	218,662
	<b>33</b> Total net assets or fund balances .....	<b>33</b>	218,662
	<b>34</b> Total liabilities and net assets/fund balances .....	<b>34</b>	0

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI.

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	400,125
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	184,256
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	215,869
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	218,662

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII.

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? ..... If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? ..... If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b> If "Yes" to lines 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? ..... <i>N/A</i> If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b> 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? .....		X
<b>b</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 ..... <i>N/A</i>		

**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.

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

**Name of the organization**  
MILITARY ASSISTANCE MISSION INC

**Employer identification number**  
45-4084403

**Part I 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 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  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: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III--Functionally integrated
  - d  Type III--Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
<b>11g(i)</b>		X
  - (ii) A family member of a person described in (i) above? 

	Yes	No
<b>11g(ii)</b>		X
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
<b>11g(iii)</b>		X
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule A (Form 990 or 990-EZ) 2012**

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**  
▶ **Complete if the organizations answered "Yes"**  
**on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2012**

**Open To Public  
Inspection**

Name of the organization **MILITARY ASSISTANCE MISSION INC** Employer identification number **45-4084403**

<b>Part I</b>	<b>Types of Property</b>	<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
1	Art -- Works of art .....				
2	Art -- Historical treasures .....				
3	Art -- Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities -- Publicly traded .....				
10	Securities -- Closely held stock .....				
11	Securities -- Partnership, LLC, or trust interests .....				
12	Securities -- Miscellaneous .....				
13	Qualified conservation contribution -- Historic structures .....				
14	Qualified conservation contribution -- Other .....				
15	Real estate -- Residential .....				
16	Real estate -- Commercial .....				
17	Real estate -- Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( <u>SEE ATTACHMENT #5</u> )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule M (Form 990) (2012)**

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

Department of the Treasury  
Internal Revenue Service

**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.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

MILITARY ASSISTANCE MISSION INC

Employer identification number

45-4084403

LINE 11: COPY OF TAX RETURN PROVIDED TO BOARD OF DIRECTORS FOR REVIEW

LINE 19: DOCUMENTS ARE AVAILABLE BY REQUEST TO THE OFFICE

**990 PRINCIPAL OFFICER NAME AND ADDRESS**

ATTACHMENT 1: FORM 990 PAGE 1, LINE F

OPEN TO PUBLIC INSPECTION	For calendar year 2012, or tax period beginning	, and ending
Name of Organization <u>MILITARY ASSISTANCE MISSION INC</u>	Employer Identification Number <u>45-4084403</u>	

**990, Page 1, Line F**

Principal officer name..... MARGY BONS  
or  
Business Name:  
MILITARY ASSISTANCE MISSION INC

Street Address ..... 515 E CAREFREE HWY STE 971

U.S. Address:  
Zip code 85085- City PHOENIX State AZ  
or

Foreign Address  
City .....  
Province or State .....  
Country .....  
Postal code .....



**990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT**

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION For calendar year 2012, or tax period beginning , and ending .

Name of Organization: MILITARY ASSISTANCE MISSION INC  
Employer Identification Number: 45-4084403

**Part III - Statement of Program Service Accomplishments**

Code: Expenses: 169,350 including Grants of: 283,999 Revenue: 116,133

Exempt Purpose Achievements

ASSIST FAMILIES OF ACTIVE MILITARY WITH EVERYDAY EXPENSES AND SERVICES SUCH AS PAYMENT OF UTILITIES

**990 BOOKS ARE IN CARE OF**

ATTACHMENT 3: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION	For calendar year 2012 or tax period beginning _____, and ending _____
Name of Organization <u>MILITARY ASSISTANCE MISSION INC</u>	Employer Identification Number <u>45-4084403</u>

**Part VI - Line 20**

Individual Name ..... \_\_\_\_\_

or

Business Name:

MILITARY ASSISTANCE MISSION

Street Address ..... 515 E CAREFREE HWY STE 971

U.S. Address:

Zip code 85085- City PHOENIX State AZ

or

Foreign Address

City ..... \_\_\_\_\_

Province or State ..... \_\_\_\_\_

Country ..... \_\_\_\_\_

Postal code ..... \_\_\_\_\_

Phone Number ..... \_\_\_\_\_

Fax Number ..... \_\_\_\_\_

**990 PAGE 10, OTHER EXPENSES**

ATTACHMENT 4: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

OPEN TO PUBLIC

INSPECTION

For calendar year 2012 or tax period beginning

, and ending

Name of Organization

MILITARY ASSISTANCE MISSION INC

Employer Identification Number

45-4084403

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
PAYROLL PROCESSING FEES	1,145		1,145	
PRINTING SUPPLIES	595	595		
TECHNOLOGY SUPPLIES	553	553		
EVENT SUPPLIES	1,077	1,077		
PROMOTIONAL SUPPLIES	5,909	5,909		
TELEPHONE	2,015	1,894	121	
POSTAGE	716	673	43	
VEHICLE MAINTENANCE	1,434		1,434	
PUBLICATIONS PRINTING	4,658	4,658		
SPECIAL EVENTS	5,334	5,334		
BANK FEES	387		387	
VOLUNTEER GIFTS	140		140	
UNIFORMS	85		85	
<b>Total:</b>	<b>24,048</b>	<b>20,693</b>	<b>3,355</b>	

## 990 SCHEDULE M – PART I – OTHER TYPES OF PROPERTY

ATTACHMENT 5: SCH M, PART I – TYPES OF PROPERTY

OPEN TO PUBLIC INSPECTION For calendar year 2012 or tax period beginning \_\_\_\_\_, and ending \_\_\_\_\_.

Name of Organization: **MILITARY ASSISTANCE MISSION INC** Employer Identification Number: **45-4084403**

<b>Part I Other Types of Property</b>				
Description	(a) Check If Applicable	(b) Number of Contributions	(c) Revenues Reported on Form 990 Part VIII, Line 1g	(d) Method of Determining Revenues
IN KIND GOODS AND SERVICES	X		58,283	FMV

99

For the [X] calendar year 2012 or [ ] fiscal year beginning and ending

Form header section containing: CHECK ONE: Original [X] Amended [ ]; Name: MILITARY ASSISTANCE MISSION INC; Employer identification number (EIN): 45-4084403; Business telephone number: (602) 246-6429; Address: 515 E CAREFREE HWY STE 971, PHOENIX AZ 5085-

Section 68: Check box if: [ ] This is a first return [ ] Name change [ ] Address change; A Date Arizona operations began: ; B Nature of Arizona activities: ; C Federal form filed: [ ] 990 [ ] 990-EZ [ ] Other (specify) ; Attach a copy of the organization's federal return.

Section 82: CHECK BOX IF: Return filed under extension. 3-mos. Fed 82 C [ ] 6-mos. AZ-Fed 82 F [ ]

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

Section 81 and 66: [81] [66]

Nonprofit Medical Marijuana Dispensary (NMMD) only:

Sections D, E, F, G, H: 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; G Federal form filed: [ ] 1040 [ ] 1041 [ ] 1065 [ ] 1120 [ ] 1120-S [ ] Other (specify) ; H [ ] Check this box if you attached a copy of the dispensary's federal return to its Arizona Form 120S or Form 165 when it was filed; do not attach a copy of the same return to this form. Otherwise, attach a copy of the dispensary's federal return.

Sources of Income

Table with 12 rows for Sources of Income. Line 10: 400,132.00; Line 12: 400,132.00

Administrative Expenses

Table with 19 rows for Administrative Expenses. Line 14: 68,965.00; Line 16: 24,933.00; Line 17: 17,018.00; Line 19: 35,307.00; Line 20: 146,223.00

Disbursements

Table with 3 rows for Disbursements. Line 21: 38,033.00

Accumulation Of Income

Table with 3 rows for Accumulation Of Income. Line 24: 215,876.00; Line 26: 215,876.00

Penalty

Table with 1 row for Penalty. Line 27: 00

**SCHEDULE A--Disbursements From Current Income for Exempt Purposes**

<b>A1</b>	Dues, assessments, etc., to affiliates .....	<b>A1</b>	11,718	00
<b>A2</b>	Contributions, gifts, grants, etc., paid .....	<b>A2</b>	26,315	00
<b>A3</b>	Benefit payments to or for members or their dependents:	<b>A3a</b>		00
	<b>A3a</b> Death, sickness, hospitalization, disability, or pension benefits .....	<b>A3b</b>		00
	<b>A3b</b> Other benefits .....	<b>A4</b>		00
<b>A4</b>	Dividends and other distributions to members, shareholders, or depositors .....	<b>A5</b>		00
<b>A5</b>	Other .....	<b>A6</b>	38,033	00
<b>A6</b>	<b>Total -- add lines A1 through A5. Enter total here and on page 1, line 21 .....</b>			

**SCHEULE B--Disbursements From Principal for Exempt Purposes**

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

**Schedule C -- Balance Sheet**

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

		(a) Beginning of Year		(b) End of Year	
<b>Assets</b>					
<b>C1</b>	Cash .....		00	<b>C1</b>	219,360 00
<b>C2a</b>	Accounts receivable .....	<b>C2a</b>			00
	<b>C2b</b> Less: allowance for doubtful accounts .....	<b>C2b</b>			00
	<b>C2c</b> Line C2a less line C2b. Enter difference in column (b) .....		00	<b>C2c</b>	00
<b>C3a</b>	Other notes and loans receivable -- attach schedule .....	<b>C3a</b>			00
	<b>C3b</b> Less: allowance for doubtful accounts .....	<b>C3b</b>			00
	<b>C3c</b> Line C3a less line C3b. Enter difference in column (b) .....		00	<b>C3c</b>	00
<b>C4</b>	Inventories .....		00	<b>C4</b>	2,490 00
<b>C5</b>	Investments (securities) -- attach schedule .....		00	<b>C5</b>	00
<b>C6</b>	Investments (other) -- attach schedule .....		00	<b>C6</b>	00
<b>C7a</b>	Land, buildings, and equipment; basis .....	<b>C7a</b>	2,316		00
	<b>C7b</b> Less: accumulated depreciation -- attach sch. ....	<b>C7b</b>			00
	<b>C7c</b> Line C7a less line C7b. Enter difference in column (b) .....		00	<b>C7c</b>	2,316 00
<b>C8</b>	Other assets -- describe .....		00	<b>C8</b>	00
<b>C9</b>	<b>Total assets -- add lines C1 through C8. ....</b>		00	<b>C9</b>	224,166 00
<b>Liabilities</b>					
<b>C10</b>	Accounts payable and accrued expenses .....		00	<b>C10</b>	5,504 00
<b>C11</b>	Mortgages and other notes payable -- attach schedule .....		00	<b>C11</b>	00
<b>C12</b>	Other liabilities -- describe .....		00	<b>C12</b>	00
<b>C13</b>	<b>Total liabilities -- add lines C10 through C12. ....</b>		00	<b>C13</b>	5,504 00
<b>Net Assets</b>					
<b>C14</b>	Capital stock or trust principal .....		00	<b>C14</b>	00
<b>C15</b>	Paid-in or capital surplus .....		00	<b>C15</b>	00
<b>C16</b>	Retained earnings or accumulated income .....		00	<b>C16</b>	218,662 00
<b>C17</b>	<b>Total net assets -- add lines C14 through C16. ....</b>		00	<b>C17</b>	218,662 00
<b>C18</b>	<b>Total liabilities and net assets -- add lines C13 and C17. ....</b>		00	<b>C18</b>	00

**PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.**