

99

For the  calendar year 2012 or  fiscal year beginning and ending

CHECK ONE: Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/>	Please Type or Print	Name MILITARY ASSISTANCE MISSION INC Number and street or PO Box 515 E CAREFREE HWY STE 971 City or town, state and ZIP code PHOENIX AZ 5085-	Employer identification number (EIN) 45-4084403 AZ transaction privilege tax number
Business telephone number (with area code) (602) 246-6429			

**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.**

**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.

<b>81</b>	<b>66</b>
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**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, **attach a schedule** that lists ownership information including 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 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**

1	Gross sales from business activities	-7	00
2	Less: Cost of goods sold or of operations -- attach itemized statement		00
3	Gross profit from business activities -- subtract line 2 from line 1		00
4	Interest		00
5	Dividends		00
6	Rents and royalties		00
7	Gain or (loss) from sales of assets, excluding inventory items		00
8	Dues, assessments, etc., from members		00
9	Dues, assessments, etc., from affiliates		00
10	Contributions, gifts, grants, etc., received	400,132	00
11	Other income -- attach itemized statement		00
12	Total income -- add lines 3 through 11		400,132 00

**Administrative Expenses**

13	Compensation of officers, directors, trustees, etc		00
14	Salaries and wages -- other than amounts included on line 2	68,965	00
15	Interest		00
16	Taxes	24,933	00
17	Rent expense	17,018	00
18	Depreciation -- attach schedule		00
19	Miscellaneous expenses -- attach itemized statement	35,307	00
20	Total expenses -- add lines 13 through 19		146,223 00

**Disbursements**

21	Disbursements from current income for exempt purposes -- from page 2, line A6	38,033	00
22	Disbursements from principal for exempt purposes -- from page 2, line B6		00
23	Other disbursements not itemized on Schedule A or Schedule B -- attach schedule		00

**Accumulation Of Income**

24	Accumulation of income in current year -- line 12 less the sum of lines 20, 21, 22, and 23	215,876	00
25	Accumulation of income at beginning of year		00
26	Accumulation of income at end of year -- add lines 24 and 25	215,876	00

**Penalty**

27	Penalty for late filing or incomplete filing. See instructions		00
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**SCHEDULE A--Disbursements From Current Income for Exempt Purposes**

A1 Dues, assessments, etc., to affiliates .....	A1	11,718	00
A2 Contributions, gifts, grants, etc., paid .....	A2	26,315	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	38,033	00

**SCHEULE 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 attached schedules and in this column should be end of year amounts.

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

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