

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.	Employer Identification Number (EIN) 45-4084403
Business Telephone Number (with area code) (602) 246-6429	Address – number and street or PO Box 515 E CAREFREE HWY STE 971	
	City, Town or Post Office PHOENIX	State ZIP Code AZ 85085

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.

CHECK BOX IF return filed under extension:

82 82C 3-month federal
 82F 6-month Arizona/federal

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM **66** RCVD

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).

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): <u>SECURITY DEPOSIT</u>		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): <u>DEFERRED REVENUE</u>		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.	EIN 45-4084403
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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	_____	_____	BOARD MEMBER
	OFFICER'S SIGNATURE	DATE	TITLE
Paid Preparer's Use Only	_____	_____	P00247744
	PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S PTIN
	ASSOCIATED TAX CONSULTANTS, LLC	_____	45-4096435
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		FIRM'S <input checked="" type="checkbox"/> EIN OR <input type="checkbox"/> SSN
	301 W WARNER RD, STE 132	_____	(480) 893-1394
	FIRM'S STREET ADDRESS		FIRM'S TELEPHONE NUMBER
	TEMPE	AZ	85284
	CITY	STATE	ZIP CODE

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