

For the  calendar year 2017 or  fiscal year beginning 12.01.17 and ending 12.01.18

<b>CHECK ONE:</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name <b>MILITARY ASSISTANCE MISSION INC.</b>	Employer Identification Number (EIN) <b>45-4084403</b>
	Address – number and street or PO Box <b>515 E CAREFREE HWY STE 971</b>	
Business Telephone Number (with area code) <b>(602) 246-6429</b>	City, Town or Post Office <b>PHOENIX</b>	State ZIP Code <b>AZ 85085</b>

- 68** Check box if:  This is a first return  Name change  Address change
- A Date Arizona operations began: 10.10.12
- B Nature of Arizona activities: ASSISTANCE FOR MILITARY FAMILIES
- C Federal form filed:  990  990-EZ  Other (specify) \_\_\_\_\_

Check box if return filed under extension:  
**82** s2F

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) \_\_\_\_\_

**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	671	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	753,037	00
11	Other income: Include itemized statement.....	11	12,454	00
12	Total income: Add lines 3 through 11.....	12	766,162	00

**Administrative Expenses**

13	Compensation of officers, directors, trustees, etc.....	13	87,531	00
14	Salaries and wages other than amounts included on line 2.....	14	122,641	00
15	Interest.....	15		00
16	Taxes.....	16	16,347	00
17	Rent expense.....	17	53,326	00
18	Depreciation: Include schedule.....	18	5,959	00
19	Miscellaneous expenses: Include itemized statement.....	19	322,753	00
20	Total expenses: Add lines 13 through 19.....	20	608,557	00

**Disbursements**

21	Disbursements from current income for exempt purposes from page 2, line A6.....	21	538,540	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	157,605	00
25	Accumulation of income at beginning of year.....	25	290,497	00
26	Accumulation of income at end of year: Add lines 24 and 25.....	26	448,102	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., paid 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	538,540	00	
A6 Total: Add lines A1 through A5. Enter total here and on page 1, line 21.....	A6		538,540	00

**SCHEDULE B Disbursements From Principal for Exempt Purposes**

B1 Dues, assessments, etc., paid 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 reported in included schedules and in this column should be end of year amounts.

			(a) Beginning of Year		(b) End of Year
<b>Assets</b>					
C1 Cash .....			273,164	00	C1 395,581 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 .....			315	00	C4 215 00
C5 Investments (securities): Include schedule.....			18,095	00	C5 27,109 00
C6 Investments (other): Include schedule.....				00	C6 00
C7a Land, buildings, and equipment; basis: .....	C7a	64,019		00	
C7b Less accumulated depreciation: Include schedule ...	C7b	15,707		00	
C7c Line C7a less line C7b. Enter difference in column (b).....			17,271	00	C7c 48,312 00
C8 Other assets (describe): <u>SECURITY DEPOSIT</u>			3,485	00	C8 3,485 00
C9 <b>Total assets: Add lines C1 through C8</b> .....			312,330	00	C9 474,702 00
<b>Liabilities</b>					
C10 Accounts payable and accrued expenses .....			9,111	00	C10 5,534 00
C11 Mortgages and other notes payable: Include schedule .....				00	C11 00
C12 Other liabilities (describe): <u>DEFERRED REVENUE</u>			12,722	00	C12 21,066 00
C13 <b>Total liabilities: Add lines C10 through C12</b> .....			21,833	00	C13 26,600 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 .....			290,497	00	C16 448,102 00
C17 <b>Total net assets: Add lines C14 through C16</b> .....			290,497	00	C17 448,102 00
C18 <b>Total liabilities and net assets: Add lines C13 and C17</b> .....			312,330	00	C18 474,702 00

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

