

For the  calendar year 2017 or  fiscal year beginning 12,0,1,7 and ending 12,0,1,7

<b>CHECK ONE:</b>	Name <b>MILITARY ASSISTANCE MISSION INC.</b>		
<input checked="" type="checkbox"/> Original	Address - number and street or PO Box <b>515 E CAREFREE HWY STE 971</b>		
<input type="checkbox"/> Amended	City, Town or Post Office <b>PHOENIX</b>		
Business Telephone Number (with area code)	State	ZIP Code	
<b>(602) 246-6429</b>	<b>AZ</b>	<b>85085</b>	
<input checked="" type="checkbox"/> <b>68</b> Check box if: <input type="checkbox"/> This is a first return <input type="checkbox"/> Name change <input type="checkbox"/> Address change A Date Arizona operations began: <u>10,1,0,1,2,0,1,2</u> B Nature of Arizona activities: <u>ASSISTANCE FOR MILITARY FAMILIES</u> C Federal form filed: <input checked="" type="checkbox"/> 990 <input type="checkbox"/> 990-EZ <input type="checkbox"/> Other (specify) _____			
Check box if return filed under extension: <input checked="" type="checkbox"/> <b>82</b> s2F <input type="checkbox"/>			
REVENUE USE ONLY. DO NOT MARK IN THIS AREA. <input checked="" type="checkbox"/> <b>88</b>			
<b>NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY -</b> D <input type="checkbox"/> NMMD Registry Identification Number: _____ E What type of entity is the dispensary? <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> S corporation <input type="checkbox"/> Sole Proprietorship F If the dispensary is an LLC, what is the federal tax classification? <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Partnership <input type="checkbox"/> 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: <input type="checkbox"/> 1040 <input type="checkbox"/> 1041 <input type="checkbox"/> 1065 <input type="checkbox"/> 1120 <input type="checkbox"/> 1120-S <input type="checkbox"/> Other (specify) _____			
		<input checked="" type="checkbox"/> <b>81</b> PM	<input checked="" type="checkbox"/> <b>66</b> RCVD

**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
--	----	--	----

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., 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		
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		
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		
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	
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	
C15	Paid-in or capital surplus .....			00	C15	
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.

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

*Margy Bons*

5/11/18

CEO

Here

OFFICER'S SIGNATURE

DATE

TITLE

Paid

*Monika Keene*

5/10/18

Preparer's

PAID PREPARER'S SIGNATURE

DATE

PAID PREPARER'S PTIN

Use

ASSOCIATED TAX CONSULTANTS

454096435

Only

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

FIRM'S  EIN OR  SSN

301 W WARNER ROAD, 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