990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	For th	e 2013	3 calend	ar year, or	tax year begin	ning		, 2013, and	d ending	1		, 20	
В		f applicat				TARY ASSISTANO	CE MISSION INC					,	
	Address	s change		Doing Bus	iness As								
	Name c	hange				ox if mail is not delivered	d to street address)		Rooi	m/suite	E	Telephone numbe	er
	Initial re	turn		515 E	CAREFREE H	WY STE 971						(602)246-642	:9
	Termina	ated		City or tow	n, state or province	e, country, and ZIP or fo	reign postal code					370,2	 16
	Amende	ed return		PHOEN	IX, AZ 8508	5					G	Gross receipts	\$
	Applicat	tion pend	ding	F Name ar	nd address of princ	pal officer: JAMES	REGAN						
				SAME A	AS C ABOVE					(a) Is this a gre subordinate	oup retu es?	rn for Yes	s 🛛 No
ī _	Tax-exe	empt stati	us: X	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527	н	(b) Are all sub	ordinate	es included? Yes t. (see instructions)	s 🗌 No
J	Website	e: 🕨 j	N/A						н	If "No," atta (c) Group exe	ach a list mption r	t. (see instructions) number	
ĸ	Form of	organiza	ation: X	Corporation	Trust Ass	ociation Other	•	L Year of formation:	2012	M State	of legal	domicile: AZ	
Pa	art I	Su	ımmar	y									
	1	Brief	fly descril	be the organ	nization's missic	n or most significan	nt activities:	O ASSIST THE F	AMILIE	S OF ACTI	VE MI	LITARY	
ø		PER	SONNEL	WITH EMI	ERGENCY FUN	DS AND SERVICE	€S						
ŭ													
i.													
Activities & Governance	2	Che	ck this bo	ox ▶ 📙 if t	he organization	discontinued its op	erations or dispose	ed of more than 25%	of its net	assets.	i	1	
ტ - ფ	3	Num	nber of vo	oting membe	ers of the govern	ning body (Part VI, I	ine 1a)				3		12
es	4	Num	ber of in	dependent v	oting members	of the governing bo	ody (Part VI, line 1b)			4		11
Ĭ	5	Tota	l number	of individua	lls employed in	calendar year 2013	(Part V, line 2a)				5		8
Act	6	Tota	I number	of voluntee	rs (estimate if n	ecessary)					6		25
·	7a					art VIII, column (C)	•				7a		0
		λ Netι	unrelated	d business ta	axable income f	rom Form 990-T, lin	ne 34				7b		0
										Prior Year		Current Yea	
ø,	8	Contributions and grants (Part VIII, line 1h)											370,216
Ž	9	Program service revenue (Part VIII, line 2g))	0
Revenue	10												0
œ	11				. ,.		•					_	0
	12		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)								,125		370,216
		 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 											0
	14						olumn (A) lings F 1		•	0.3	,898	1	0 E0 430
es	15					benefits (Part IX, column (A), line 11e)			•	93	,090		.50,439
ens	16			•	•	mn (D), line 25)	•		•				
Expenses	17			• .	•	es 11a-11d, 11f-24e		<u> </u>		6.4	,043	1	.67,667
_	18					equal Part IX, colum			•		,256		318,106
	19	_			Subtract line 1	1			•		,869		52,110
		11010	criac icoc	э охроносо.	Capitali III I	01101111111012				ning of Current		End of Yea	
Net Assets or	20	Total	l assets ((Part X, line	16)				. Degin		,166		81,134
Ass	21			s (Part X, lin	,						,504		8,313
N S	22				,	ne 21 from line 20					,662		72,821
Pa	rt II			re Block									
Unde	r penalti							ements, and to the best of	my knowle	edge and belief, i	t is		
true,	correct,	and com	ipiete. Deci	aration of preparation	arer (other than off	icer) is based on all info	rmation of which prepar	er nas any knowledge.					
			MARGY	BONS	// 11 pr	up DMS	<i>)</i>				4/	/2/14	
Sig	ın		Signatur	re of officer	0.) [Date		
He	re		MARGY	BONS, C	EO								
			Type or	print name and	I title								
		Prir	nt/Type pre	eparer's name		Preparer's signature		Date		Check	if P	PTIN	
Pai		-	INA TRO	SS MBA E	:A			03-31-2014		self-employe	ed	P00138956	
	pare												
Us	e On	ly Firr	m's addres	s •	4939 W R	AY RD STE 4333			Phor	ne no.			
						AZ 85226				48	0-44	0-9708	
May	the IR	S discu	uss this r	eturn with th	e preparer show	wn above? (see inst	tructions)					🛛 Yes	No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	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	3		X
4	Section 501(c)(3) organizations. 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	4		X
5	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	5		Х
6	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	6		Х
7	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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			<u> </u>
-	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	9		X
10	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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	114		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	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	11c		X
Ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	•••		
124	Cahadula D. Darta VI and VII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	.za		
	the approximation are supported that the AOs there are platford Och add a D. Dorte VI. and VII. in ordinal	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	ı- t u		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1-750		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
"	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- 17		
10		18		X
19	Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
13		19		X
20a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
∠ua h		20a 20b		
<u>n</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			3.7
	government on Part IX, column (A), line 1? If "Yes," complete Scheudle I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			3.7
_	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
3	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	23		X
4a	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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
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	25b		X
ô	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Χ
7	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	27		Х
3	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
~	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
`	· · · · · · · · · · · · · · · · · · ·	29	Х	27
9	214 and digating and the state of the state	29	Λ	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
	conservation contributions? If "Yes," complete Schedule M	30		X
ı	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			37
_	Part I	31		Х
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			3.7
_	complete Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	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	34		X
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	35b		X
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
7	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	37		Χ
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
EΑ	·	Form	990 (2013

Га	Charlet (Calculate Constraint and annual state of the Best)			П
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		165	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		.	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		.	
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		3.7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	C-	.	v
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	.	
7	gifts were not tax deductible?	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	.	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
. b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from members or shareholders			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
h	If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	1/h		

Form	1990 (2013) MILITARY ASSISTANCE MISSION INC		Р	age 6
Par	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N	o"		
	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 or note to any line in the Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	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	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	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?	2		Χ
3	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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•		9		Х
				Δ
Sec				Λ
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>	Yes	
	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	X	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10a 10b 11a	X	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10a 10b 11a	X	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10a 10b 11a 12a 12b	X X X	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	X X X	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b 12c 13	X X X X	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10a 10b 11a 12a 12b	X X X	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10a 10b 11a 12a 12b 12c 13	X X X X	No
10a b 11a b 12a c c 13 14	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? 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?	10a 10b 11a 12a 12b 12c 13	X X X X X	No
110a b 111a b 112a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	X X X X X	No
10a b 11a b 12a c c 13 14	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13	X X X X X	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	10a 10b 11a 12a 12b 12c 13 14	X X X X X	No
110a b 111a b 112a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10a 10b 11a 12a 12b 12c 13 14	X X X X X	X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	X X X X X	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a 10b 11a 12a 12b 12c 13 14	X X X X X	X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 take steps to safeguard the	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 take steps to safeguard the organization's exempt status with respect to such arrangements?	10a 10b 11a 12a 12b 12c 13 14	X X X X X	X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 take steps to safeguard the organization's exempt status with respect to such arrangements?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 take steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 take steps to safeguard the organization's exempt status with respect to such arrangements?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	X

17	List the states with which a copy of this Form 990 is required to be filled 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.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20 ▶ MARGY BONS (602)246-6429, 515 E CAREFREE HWY STE 971, PHOENIX, AZ 85085

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

Check if Schedule O contains a response or note to any line 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 of	organization c	ompen	sate	d an	y cu	rrent o	ffice	r, director, or truste	e. -	
(A)	(B)			(0	;)			(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related	box, ι	unless	pers	ore th	an one both an		Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) JIM SHARPE BOARD MEMBER	1.00_	Х						C	0	0
(2) NICOLE CRITES BOARD MEMBER	1.00	Х						C		0
(3) MAX SIRSTINS BOARD MEMBER	1.00	X						C	0	0
(4) TREY VINEYARD BOARD MEMBER	1.00	Х						C	0	0
(5) REINE YAZBECK-YOUNG BOARD MEMBER	1.00	Х						C	0	0
(6) CHRISTOPHER MEISTER BOARD MEMBER	1.00_	Х						C	0	0
(7) JOHN ARNOLD BOARD MEMBER	1.00_	Х						C	0	0
(8) JAMES REGAN CHAIRMAN	5.00_			X				C	0	0
(9) GREGG PAUL VICE CHAIRPERSON	1.00_			Х				C	0	0
(10) DEAN MARTIN TREASURER	4.00_			Х				C	0	0
(11)ED HAMMERS SECRETARY	2.00			X				C	0	0
(12) MARGY BONS CEO	40.00					Х		79,385	0	0
<u>(13)</u>										
<u>(14)</u>										

EEA Form **990** (2013)

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	Average hours per week (list any hours for Position (do not check more than one box, unless person is both an officer and director/trustee)							(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the panization of the communication of the commu	d
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>													
<u>(22)</u>													
(23)													
(24)													
(25)													
1b c d	Sub-total	on A .						•	79,385	0			0
	Total (add lines 1b and 1c)									0			
	reportable compensation from the organization									0		1	
3	Did the organization list any former officer, directo		-	nplo	yee,	, or l	highes	t co	mpensated			Yes	No
4	employee on line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the sum of report								n from the		3		X
	organization and related organizations greater than \$	150,000? If "Y	es," co	ompl	ete S	Sche			such		4		X
5	individual						· · · rganiza	· ·	or individual		4		
Socti	for services rendered to the organization? If "Yes," coon B. Independent Contractors	mplete Sched	dule J f	or su	ıch p	erso	on				5		Х
1	Complete this table for your five highest compensated compensation from the organization. Report compens									n's tax			
	year. (A) (B)										(C)		
	Name and business address								Description of	services	Comp	ensatior	1
2	Total number of independent contractors (including bureceived more than \$100,000 of compensation from the			e list	ed a	bove	e) who						

	,		-,				
Par	t VII	I		Statement of	F	Reveni	ue

		Check if Schedule O contains a response of	or note	to any line in this F	Part VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
10	40	Foderated compaigns	40			revenue		312-314
in the	1a	Federated campaigns	1a					
G DO	b	Membership dues	1b					
An An	C	Fundraising events	1c	7,500				
iar	d	Related organizations	1d					
is,	е	Government grants (contributions)	1e	362,716				
ë ë	f	All other contributions, gifts, grants,						
<u>Ş</u>		and similar amounts not included above	1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f	: \$	97,966				
၂ မ	h	Total. Add lines 1a-1f			370,216			
				Business Code				
Program Service Revenue	2a							
Reve	b							
<u>.8</u>	С							
Ser.	d							
E S	е							
ogra	f	All other program service revenue						
<u>ā</u>	l	Total. Add lines 2a-2f						
		Investment income (including dividends, intere		•				
	"	and other similar amounts)						
	l	Income from investment of tax-exempt bond p						
	1	Royalties						
		(i) Real		(ii) Personal				
	6a	Cross rents		(4) 1 2 2 2 3 4				
		Less: rental expenses						
		Rental income or (loss)						
	1							
		` ′		(ii) Other				
	/a	Gross amount from sales of assets other than inventory (i) Securitie	5	(II) Other				
		,						
		Less: cost or other basis and sales expenses						
	1	Cain or (loss)						
		Net gain or (loss)						
Φ	1	Gross income from fundraising	• •					
enne								
		`	<u> </u>					
E E	l	of contributions reported on line 1c).	_					
Other Rev		See Part IV, line 18						
U		Less: direct expenses						
	1	Net income or (loss) from fundraising events	•					
		Gross income from gaming activities.						
	1	See Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming activities	• •					
	10a	Gross sales of inventory, less	_					
		returns and allowances						
		Less: cost of goods sold		<u> </u>				
	- 6	Net income or (loss) from sales of inventory	• •					
	11a	Miscellaneous Revenue		Business Code				
	b							
	C	All other revenue						
	1	All other revenue		•				
					270 210	•	•	^
	12	Total revenue. See instructions			370,216	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must com	plete all columns. All ot	ther organizations must com	olete column (A).

0000	Check if Schedule O contains a response or note to any I				
Do n	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b), and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		ехрепзез	general expenses	ехрепзез
•	organizations in the United States. See Part IV, line 21 .				
2	Grants and other assistance to individuals in				
-	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
3	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	79,385	79,385		
6	Compensation not included above, to disqualified	79,363	79,363		
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	32,118	30,508	1,610	
8	Pension plan accruals and contributions (include	32,110	307300	1,010	
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	38,936	38,743	193	
11	Fees for services (non-employees):	30,330	30,743	193	
a	Management				
b	Legal				
C	Accounting	925	925		
d	Lobbying	723	723		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
Ū	(A) amount, list line 11g expenses on Schedule O.)	27,840	27,840		
12	Advertising and promotion				
13	Office expenses	2,131	1,981	150	
14	Information technology	1,192	1,192		
15	Royalties				
16	Occupancy	30,069	28,438	1,631	
17	Travel	4,322	4,322		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	504	504		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,712	1,712		
23	Insurance	4,556	4,556		
24	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.)				
а	PAYROLL SERVICES	2,238		2,238	
b	EMPLOYEE SERVICES	307		307	
С	SUPPLIES	7,179	6,820	359	
d	TELEPHONE	5,246	5,246		
е	All other expenses	79,446	55,489	23,957	
25	Total functional expenses. Add lines 1 through 24e .	318,106	287,661	30,445	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	219,360	1	170,445
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	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		6	
Ş	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	2,490	8	2,565
Ą	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 4,835			
	b	Less: accumulated depreciation 10b 1,712	2,316	10c	3,123
	11	Investments - publicly traded securities		11	5,001
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	224,166	16	181,134
	17	Accounts payable and accrued expenses	5,504	17	8,313
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iabi		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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		25	
	26	Total liabilities. Add lines 17 through 25	5,504	26	8,313
		Organizations that follow SFAS 117 (ASC 958), check here and			
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		28	
B	29	Permanently restricted net assets		29	
un_	-	Organizations that do not follow SFAS 117 (ASC 958), check here			
of I		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets of Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	218,662	32	172,821
Ž	33	Total net assets or fund balances	218,662	33	172,821
	34	Total liabilities and net assets/fund balances	224,166	34	181,134
			, , , -		

Consolidated basis

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

c If "Yes" to line 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

If the organization changed either its oversight process or selection process during the tax year, explain in

separate basis, consolidated basis, or both:

the Single Audit Act and OMB Circular A-133?

Separate basis

Schedule O.

EEA

orm	990 (2013) MILITARY ASSISTANCE MISSION INC			Pa	age 1 2
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		370,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		318,	106
3	Revenue less expenses. Subtract line 2 from line 1	3		52,	110
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		218,	662
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(97,	951)
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		172,	821
ar	T XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
	·			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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: Separate basis Consolidated basis Both consolidated and separate basis				

Χ

Χ

Form 990 (2013)

2b

2c

3a

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 3b

Both consolidated and separate basis

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

2013

Open to Public

▶ Attach to Form 990 or Form 990-EZ. Department of the Treasury

Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

Inspection

MIL	ITAF	Y ASSISTANCE MIS	SSION INC										
Pa	rt I	Reason for P	ublic Charity	Status (All organiza	ations m	ust comp	lete this	part.) S	ee instru	uctions.			
The	orgar	nization is not a private	foundation because	e it is: (For lines 1 through	11, check	only one bo	ox.)						
1		A church, convention	n of churches, or a	ssociation of churches d	lescribed ir	section 1	170(b)(1)(A)(i).					
2		A school described i	n section 170(b)(1	1)(A)(ii). (Attach Schedu	ıle E.)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research	organization opera	ted in conjunction with a	hospital d	escribed ir	section '	170(b)(1)(A)(iii). Ent	er the			
		hospital's name, city,	and state:										
5		An organization opera	ated for the benefit o	of a college or university o	wned or op	erated by a	a governme	ental unit de	escribed in				
		section 170(b)(1)(A)(iv). (Complete Pa	art II.)		-							
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7			-	substantial part of its supp				-	neral public	С			
		described in section	-					•					
8		A community trust de	escribed in sectior	n 170(b)(1)(A)(vi). (Com	plete Part	II.)							
9	Χ	An organization that r	normally receives: (1	1) more than 33 1/3% of it	s support fr	om contrib	utions, mer	mbership fe	es, and gr	oss			
		receipts from activities	s related to its exem	pt functions - subject to c	ertain exce	otions, and	(2) no mor	e than 33	1/3% of its				
		support from gross in	vestment income ar	nd unrelated business tax	able incom	e (less sect	ion 511 tax	() from bus	inesses				
		acquired by the orga	nization after June	e 30, 1975. See section	509(a)(2).	(Complete	Part III.)						
10		An organization orga	anized and operate	ed exclusively to test for	public safe	ty. See se	ction 509	(a)(4).					
11		An organization organ	nized and operated	exclusively for the benefit	of, to perfo	rm the fund	ctions of, or	to carry or	ut the				
		purposes of one or n	nore publicly suppo	orted organizations desc	cribed in se	ction 509(a)(1) or se	ction 509(a)(2). See	section			
		509(a)(3). Check the	box that describe	s the type of supporting	organizatio	on and con	nplete line:	s 11e thro	ugh 11h.				
	_	a 📙 Type I	b	e II c 🗌 Type	III-Function	ally integra	ted	d _	Type III-	Non-funtio	nally inte	grated	
е	Ш	By checking this box,	I certify that the org	anization is not controlled	directly or	indirectly by	y one or mo	ore disqual	ified persor	ns			
		other than foundation	managers and other	er than one or more public	cly supporte	ed organiza	tions descr	ibed in sec	tion 509(a)	(1)			
		or section 509(a)(2).											
f		If the organization rec	eived a written dete	ermination from the IRS th	at it is a Ty	oe I, Type I	I, or Type I	II supportir	ıg				_
		organization, check th	nis box										∐
g		Since August 17, 200	6, has the organiza	tion accepted any gift or c	contribution	from any o	f the						
		following persons?											
		.,	•	ontrols, either alone or too	_	persons de	scribed in	(ii) and				Yes	No
				e supported organization?	•						11g(i)		
			er of a person descri	**							11g(ii)		
		` '		described in (i) or (ii) above							11g(iii))	
h				ne supported organization	ì ·		1		ı		1		
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the or in col. (i) list	-	(v) Did yo the organi		(vi) Is organizati		(vii) Amount of monetary support		
				above or IRC section	governing o		col. (i) c	of your	(i) organiz	ed in the		очррог	
				(see instructions))				port?		S.?	-		
<u></u>					Yes	No	Yes	No	Yes	No			
(A)													
/D'					-								
(B)													
(C)											+		
(0)													
(D)													
(E)													
\- /													
Tota	I												

Schedule A (Form 990 or 990-EZ) 2013 MILITARY ASSISTANCE MISSION INC Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)

Public support. Subtract line 5 from line 4 . . Section B. Total Support Calendar year (or fiscal year beginning in) **(b)** 2010 (d) 2012 (f) Total (a) 2009 (c) 2011 **(e)** 2013 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 **Total support.** Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions)

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

Sec	tion C. Computation of Public Support Percentage		
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15	Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a	33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, ch	eck th	IS

b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more,

17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in

Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

EEA Schedule A (Form 990 or 990-EZ) 2013

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sed	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				400,125	370,216	770,341
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				400,125	370,216	770,341
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						770,341
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6				400,125	370,216	770,341
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	(0		400,125	370,216	770,341
14	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ 🏻
Sec	ction C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8, colu	•	***			15	%
16	Public support percentage from 2012 Schedule					16	%
	ction D. Computation of Investmen					1	
17	Investment income percentage for 2013 (line				ŀ	17	%
18	Investment income percentage from 2012 So	·				18	%
19a	33 1/3% support tests - 2013. If the organiz 17 is not more than 33 1/3%, check this box						▶ □
b	33 1/3% support tests - 2012. If the organiz line 18 is not more than 33 1/3%, check this			•		anization	. —
20	Private foundation. If the organization did n	ot check a box or	n line 14, 19a, or 1	9b, check this box	and see instruction	s	▶ 🗌

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Department of the Treasury
Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

• Attach to Form 990.

2013

Open to Public Inspection

OMB No. 1545-0047

Name of the organization MILITARY ASSISTANCE MISSION INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) 3 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1

Pai	rt III Organizations Maintaining Colle	ctions of Art, Histo	rical Treasures, c	or Other Similar As	sets (continued)
3	Using the organization's acquisition, accession, and other	er records, check any of the	e following that are a sig	nificant use of its	
	collection items (check all that apply):				
а	Public exhibition	d Loan or exchar	ge programs		
b	Scholarly research	e Other			
С	Preservation for future generations				
4	Provide a description of the organization's collections ar	nd explain how they further	the organization's exem	pt purpose in Part	
	XIII.				
5	During the year, did the organization solicit or receive do	onations of art, historical tre	asures, or other similar		
	assets to be sold to raise funds rather than to be mainta		ation's collection?		🗌 Yes 📙 No
Pa	rt IV Escrow and Custodial Arrangeme				
	Complete if the organization answe	red "Yes" to Form 99	00, Part IV, line 9,	or reported an amou	unt on Form
	990, Part X, line 21.				
1a	Is the organization an agent, trustee, custodian or other	•			
					🗌 Yes 📙 No
b	If "Yes," explain the arrangement in Part XIII and comple	ete the following table:			
					Amount
С	Beginning balance				
d	Additions during the year				
е	Distributions during the year				
f	Ending balance				
2a	Did the organization include an amount on Form 990, P				
b	If "Yes," explain the arrangement in Part XIII. Check her	e if the explanation has be	en provided in Part XIII		<u> </u>
Pai	rt V Endowment Funds.	rad "Vaa" ta Farm O	00 Dort IV line 10		
	Complete if the organization answe				
4-		Current year (b) Price	or year (c) Two years	s back (d) Three years back	ck (e) Four years back
1a	Beginning of year balance				
b	Net investment earnings, gains, and				
C	losses				
d	Grants or scholarships				
u Д	Other expenditures for facilities and				
C	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the current year en	nd balance (line 1g. column	(a)) held as:	L	
а	Board designated or quasi-endowment		(-,,,		
b	Permanent endowment \\ \bigs\'' \\ \bigs\'				
С	Temporarily restricted endowment	%			
	The percentages in lines 2a, 2b, and 2c should equal 10	00%.			
3a	Are there endowment funds not in the possession of the	e organization that are held	and administered for the	е	
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" to 3a(ii), are the related organizations listed as re-	equired on Schedule R?			3b
4	Describe in Part XIII the intended uses of the organization	on's endowment funds.			
Pa	rt VI Land, Buildings, and Equipment.				
	Complete if the organization answe	red "Yes" to Form 99	00, Part IV, line 11	a. See Form 990, P	art X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment	4,835		1,712	3,123
e	Other		5) " (6())	<u> </u>	
Tota	 Add lines 1a through 1e. (Column (d) must equal Formula 	orm 990, Part X, column (B), line 10(c).)		3,123

Part VII	Investments - Other Securities	LID/ II. E 000 D	. N. II. A. A. D. E	
	Complete if the organization answere	d "Yes" to Form 990, Par	t IV, line 11b. See Form 990, F	art X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	
(1) Financial de	rivatives			
` '	I equity interests			
(3) Other	•			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990. Part X. col. (B) line 12.)			
Part VIII	must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
I alt VIII	Complete if the organization answere	d "Yes" to Form 990, Par	t IV, line 11c. See Form 990, P	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market va	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answere	<u>d "Yes" to Form 990, Par</u>	t IV, line 11d. See Form 990, P	Part X, line 15.
	(a) D	escription		(b) Book value
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15	5.)		
Part X	Other Liabilities.			
	Complete if the organization answere	d "Yes" to Form 990, Par	t IV, line 11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	<u>.</u>			
Total, (Column (b)	must equal Form 990. Part X. col. (B) line 25.)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Neturn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	-
b	Donated services and use of facilities	-
С.	Recoveries of prior year grants	-
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e 3
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3
4	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
a b	Other (Describe in Part XIII.)	-
C	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	1
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Da	rt XIII Supplemental Information	
$\overline{}$		
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, lines 1b and 2b; Part V, line 4; Part X, lines 1b and 2b; Part V, line 4; Part X, lines 1b and 2b; Part V, line 4; Part X, lines 1b and 2b; Part V, line 4; Part X, lines 1b and 2b; Part V, line 4; Part X, lines 1b and 2b; Part V, lines 1b and 2b; Part V, line 4; Part X, lines 1b and 2b; Part V, line 4; Part X, lines 1b and 2b; Part V, lines 1b and 2b; Par	ine
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EEA Schedule D (Form 990) 2013

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

MILITARY ASSISTANCE MISSION INC

Open to Public Inspection

(a) Check if	Pa	rt I Types of Property			<u> </u>			
Check if applicable applicable items contributions or amounts reported on amounts opened on amounts reported on amounts opened on amounts		71	(a)	(b)	(c)	(d)		
applicable items contributed Form 990, Part VIII, line 1g noncash contribution amounts Art-Historical treasures Art-Historical historics Art-Fractional interests Books and publications Country Co					Noncash contribution		rmining	q
2 Art-Historical treasures			applicable	items contributed		noncash contribution	on amo	unts
3 Art-Fractional interests	1	Art-Works of art						
Books and publications	2	Art-Historical treasures						
5 Clothing and household goods	3	Art-Fractional interests						
goods x y 0 0 x	4	Books and publications						
6 Cars and other vehicles	5	Clothing and household						
8 Intellectual property		goods	x		0			
8 Intellectual property	6	Cars and other vehicles						
9 Securities-Publicly traded	7	Boats and planes						
10 Securities-Closely held stock 11 Securities-Partnership, LLC, or trust interests 12 Securities-Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contributions of the state of the initial contribution of the contributions of the contribution of the contributio	8	Intellectual property						
11 Securities-Partnership, LLC, or trust interests or trust or tru	9	Securities-Publicly traded						
11 Securities-Partnership, LLC, or trust interests or trust or tru	10	Securities-Closely held stock						
12 Securities-Miscellaneous	11							
13 Qualified conservation contribution - Historic structures		or trust interests						
contribution - Historic structures	12	Securities-Miscellaneous						
structures dualified conservation contribution - Other	13	Qualified conservation						
14 Qualified conservation contribution - Other		contribution - Historic						
contribution - Other		structures						
15 Real estate-Residential	14	Qualified conservation						
16 Real estate-Commercial		contribution - Other						
17 Real estate-Other	15	Real estate-Residential						
18 Collectibles	16	Real estate-Commercial						
19 Food inventory	17	Real estate-Other						
20 Drugs and medical supplies	18	Collectibles						
21 Taxidermy	19	Food inventory						
22 Historical artifacts	20	Drugs and medical supplies						
23 Scientific specimens	21	Taxidermy						
24 Archeological artifacts	22							
25 Other () () () (27 Other () () () (28 Other () () () () () () () () () () () () ()	23	Scientific specimens						
26 Other () Oth	24	Archeological artifacts						
Other () 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 Yes No 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? If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	25	Other • ()						
28 Other () 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? 30a 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? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	26	Other • ()						
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 Yes No Uuring 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? If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 30a X X X X X X X X X X X X X	27	Other • ()						
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31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				1?		30a		_X_
contributions?								
Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	31							3.7
contributions?						31		_X
	32a		•		·			7.7
b If "Yes." describe in Part II.	_					32a		X
	b							
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,	33		mount in column	(c) for a type of property for which	ch column (a) is checked,			
describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)			that - t	(F 000		the shale Marie	00) (00	40)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

MILITARY ASSISTANCE MISSION INC
01. Form 990 governing body review (Part VI, line 11)
COPY OF TAX RETURN PROVIDED TO BOARD OF DIRECTORS FOR REVIEW
02. Conflict of interest policy compliance (Part VI, line 12c)
ALL BOARD MEMBERS ARE INFORMED OF THE CONFLICT OF INTEREST POLICY
03. CEO, executive director, top management comp (Part VI, line 15a)
CEO IS RESPONSIBLE FOR MANAGING THE OPERATIONS OF THE ORGANIZATION, HUMAN RESOURCE
MANAGMENT, PUBLIC APPEARANCES, AND SERVICE ASSISTANCE TO FAMILIES
04. Other officer or key employee compensation (Part VI, line 15b
COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS AND IS BASED ON PAYROLL IN SIMILIAR
SIZED ORGANIZATIONS
05. Governing documents, etc, available to public (Part VI, line 19) ALL DOCUMENTS ARE AVAILABLE ON THE WEBSITE AT AZMAM.ORG
06. Explanation of other changes in net assets or fund balances (Part XI, l
07. List of other fees for services expenses (Part IX, line 11g) THE ORGANIZATION PROVIDES SERVICES TO FAMILIES OF ACTIVE MILITARY PERSONNEL WHICH INCLUDES
PROVIDING THE FUNDS TO PAY EVERDAY BILLS AND FOR FOOD
08. List of other expenses (Part IX, line 24e)

OTHER EXPENSES INCLUDE INSURANCE AND OTHER EXPENSES FOR THE OPERATION OF THE NON PROFIT

ine

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2013

Attachment Department of the Treasury See separate instructions. Sequence No. 179 Attach to your tax return. Internal Revenue Service Business or activity to which this form relates MILITARY ASSISTANCE MISSION INC FORM 990 -**Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 1 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 1,029 MACRS deductions for assets placed in service in tax years beginning before 2013 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery placed in (business/investment use (f) Method (g) Depreciation deduction (a) Classification of property (e) Convention period only-see instructions) service 200 DB 448 1,345 3 HY 19 a 3-year property 1.174 5 HY 200 235 5-year property 7-year property С **d** 10-year property 15-year property 20-year property 25-year property 25 yrs. S/I Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM Nonresidential real 39 yrs. S/L property MM S/I Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12-year 12 yrs. 40-y<u>ear</u> MM S/L 40 yrs. Part IV **Summary** (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 1,712 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

990 Overflow Statement Page 1 Name(s) as shown on return MILITARY ASSISTANCE MISSION INC

OTHER EXPENSES

Description		Z	Amount
POSTAGE		\$	649
PRINTING AND PUBLICATIONS			1,766
SPECIFIC ASSISTANCE			52,579
STAFF AND VOLUNTEER EXPENSES			46_
UNIFORMS			449
	Total:	\$	55,489

OTHER EXPENSES

Description		Amount
PRINTING AND PUBLICATIONS	\$\$	93
BANK FEES		155_
MERCHANT FEES		922
MAINTENANCE		3,337
SPECIAL EVENTS		19,450
Total:	\$	23,957

* Item of durii	* Item was disposed of during current year.					Ğ	Depreciation Detail Listing Program Services For your records only	Servi Secords	tail Listil ces sonly	bu					2013 PAGE 1
Name(s	Name(s) as shown on return MILITARY ASSISTANCE MISSION INC	SSION INC													
o Z	Description	Date	Cost	Salvage	Business	Section 179	Depreciation L Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior	Bonus	AMT
	COMPUTERS COMPUTERS FURNITURE	20120201 20130301 20130403	2,316		100.00 100.00 100.00		316		200 DB HY 200 DB HY 200 DB HY	44 4 4 4 4 4 4 5 3 3 3 3 3 3 3 3 3 3 3 3	1,029 1,029 235 235	1, 029 1, 029 235	Application of the control of the co		176 Lurant
F	Totals		4,835				4,835				1,712	1,712			1,381

ST ADJ:

4,835

Land Amount Net Depreciable Cost