









































































Name (as shown on page 1) MILITARY ASSISTANCE MISSION INC.

**SCHEDULE A Disbursements From Current Income for Exempt Purposes**

<b>A1</b> Dues, assessments, etc., to affiliates .....	<b>A1</b>		00	
<b>A2</b> Contributions, gifts, grants, etc., paid .....	<b>A2</b>	76,306	00	
<b>A3</b> Benefit payments to or for members or their dependents:				
<b>A3a</b> Death, sickness, hospitalization, disability, or pension benefits .....	<b>A3a</b>		00	
<b>A3b</b> Other benefits .....	<b>A3b</b>		00	
<b>A4</b> Dividends and other distributions to members, shareholders, or depositors .....	<b>A4</b>		00	
<b>A5</b> Other .....	<b>A5</b>		00	
<b>A6</b> Total: Add lines A1 through A5. Enter total here and on page 1, line 21 .....	<b>A6</b>			76,306 00

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

<b>B1</b> Dues, assessments, etc., to affiliates .....	<b>B1</b>		00	
<b>B2</b> Contributions, gifts, grants, etc., paid .....	<b>B2</b>		00	
<b>B3</b> Benefit payments to or for members or their dependents:				
<b>B3a</b> Death, sickness, hospitalization, disability, or pension benefits .....	<b>B3a</b>		00	
<b>B3b</b> Other benefits .....	<b>B3b</b>		00	
<b>B4</b> Dividends and other distributions to members, shareholders, or depositors .....	<b>B4</b>		00	
<b>B5</b> Other .....	<b>B5</b>		00	
<b>B6</b> Total: Add lines B1 through B5. Enter total here and on page 1, line 22 .....	<b>B6</b>			00

**SCHEDULE C Balance Sheet**

**NOTE:** Amounts used in included schedules and in this column should be end of year amounts.

		(a) Beginning of Year		(b) End of Year	
<b>Assets</b>					
<b>C1</b> Cash .....		170,445	00	<b>c1</b>	244,374 00
<b>C2a</b> Accounts receivable .....	<b>C2a</b>		00		
<b>C2b</b> Less allowance for doubtful accounts .....	<b>C2b</b>		00		
<b>C2c</b> Line C2a less line C2b. Enter difference in column (b) .....			00	<b>C2c</b>	00
<b>C3a</b> Other notes and loans receivable: Include schedule .....	<b>C3a</b>		00		
<b>C3b</b> Less allowance for doubtful accounts .....	<b>C3b</b>		00		
<b>C3c</b> Line C3a less line C3b. Enter difference in column (b) .....			00	<b>C3c</b>	00
<b>C4</b> Inventories .....		2,565	00	<b>c4</b>	1,565 00
<b>C5</b> Investments (securities): Include schedule .....		5,001	00	<b>c5</b>	11,827 00
<b>C6</b> Investments (other): Include schedule .....			00	<b>c6</b>	00
<b>C7a</b> Land, buildings, and equipment; basis: .....	<b>C7a</b>	11,024	00		
<b>C7b</b> Less accumulated depreciation: Include schedule .....	<b>C7b</b>	3,140	00		
<b>C7c</b> Line C7a less line C7b. Enter difference in column (b) .....		3,123	00	<b>C7c</b>	7,884 00
<b>C8</b> Other assets (describe): _____			00	<b>c8</b>	3,485 00
<b>C9</b> <b>Total assets: Add lines C1 through C8</b> .....		181,134	00	<b>c9</b>	269,135 00
<b>Liabilities</b>					
<b>C10</b> Accounts payable and accrued expenses .....		8,313	00	<b>C10</b>	7,606 00
<b>C11</b> Mortgages and other notes payable: Include schedule .....			00	<b>C11</b>	00
<b>C12</b> Other liabilities (describe): _____			00	<b>C12</b>	11,470 00
<b>C13</b> <b>Total liabilities: Add lines C10 through C12</b> .....		8,313	00	<b>C13</b>	19,076 00
<b>Net Assets</b>					
<b>C14</b> Capital stock or trust principal .....			00	<b>C14</b>	00
<b>C15</b> Paid-in or capital surplus .....			00	<b>C15</b>	00
<b>C16</b> Retained earnings or accumulated income .....		172,821	00	<b>C16</b>	250,059 00
<b>C17</b> <b>Total net assets: Add lines C14 through C16</b> .....		172,821	00	<b>C17</b>	250,059 00
<b>C18</b> <b>Total liabilities and net assets: Add lines C13 and C17</b> .....		181,134	00	<b>C18</b>	269,135 00

 PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1)

MILITARY ASSISTANCE MISSION INC.

**Declaration**

Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

**Please**

**Sign**

**Here**

OFFICER'S SIGNATURE

DATE

BOARD MEMBER

TITLE

**Paid**

**Preparer's**

**Use**

**Only**

PAID PREPARER'S SIGNATURE

DATE

P00247744

PAID PREPARER'S PTIN

ASSOCIATED TAX CONSULTANTS, LLC

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

45-4096435

FIRM'S  EIN OR  SSN

301 W WARNER RD, STE 132

FIRM'S STREET ADDRESS

(480) 893-1394

FIRM'S TELEPHONE NUMBER

TEMP

CITY

AZ

STATE

85284

ZIP CODE

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