BATCHELOR, TILLERY & ROBERTS, LLP CERTIFIED PUBLIC ACCOUNTANTS POST OFFICE BOX 18068 RALEIGH, NC 27619 919-787-8212

MS. JULIE DILLON MILITARY MISSIONS IN ACTION, INC. 411B NORTH JUDD PARKWAY NE FUQUAY VARINA, NC 27526

DEAR JULIE:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2023 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2023 FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE APPRECIATE THIS OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS OR IF WE MAY BE OF FURTHER ASSISTANCE.

VERY TRULY YOURS,

Michelle W. Jemanski

MICHELLE W. LEMANSKI

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2023

PREPARED FOR:

MS. JULIE DILLON MILITARY MISSIONS IN ACTION, INC. 411B NORTH JUDD PARKWAY NE FUQUAY VARINA, NC 27526

PREPARED BY:

BATCHELOR, TILLERY & ROBERTS, LLP 3605 GLENWOOD AVENUE, SUITE 350 RALEIGH, NC 27612

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2024

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	Anciel institution to dobit ter than 2 business days p ayment of taxes to receive ersonal identification number IN: check one box only I authorize BAT as my signature o with a state agencion on the return's dis As an officer or peo- return. If I have ind IRS Fed/State prop matter of officer or peosin subject to art III Certification O's EFIN/PIN. Enter your mober (EFIN) followed by your withy that the above nume omitting this return in accou- siness Returns. I's signature Privacy Act and Paperwa	CHELOR oconfidential ber (PIN) as in CHELOR on the tax year cy(ies) regular cy(ies) r	PD US. Treasury and its designated Financial Agent to initiate an electronic funds will indicated in the tax preparation software for payment of the federal taxes owed on this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent agrownent (settlement) due. Lakoa authorize the financial institutions involved in the payment of the electronic return and, if applicable, the consent to electronic fundements of the electronic return and, if applicable, the consent to electronic fundement and the electronic return and, if applicable, the consent to electronic fundements of the electronic return and, if applicable, the consent to electronic fundements of the electronic return and, if applicable, the consent to electronic fundements of the electronic return and, if applicable, the consent to electronic fundements of the first Fed/State program, I also authorize the aforements are screen. To tax with respect to the entity, I will enter my PIN as my signature on the tax years the seturn's disclosure consent screen. Manual Electronication Self-selected PIN. Date Toronication PIN, which is my signature on the 2023 electronically filed return indicated action for authorize the requirements of Pub. 4163, Modernized e File (MeF) Information for Authorite the requirements of Pub. 4163, Modernized e File (MeF) Information for Authorite the requirements of Pub. 4163, Modernized e File (MeF) Information for Authorite the requirements of Pub. 4163, Modernized e File (MeF) Information for Authorite the requirements of Pub. 4163, Modernized e File (MeF) Information for Authorite the requirements of Pub. 4163, Modernized e File (MeF) Information for Authorite the requirements of Pub. 4163, Modernized e File (MeF) Information for Authorite the requinterments of Pub. 4163, Modernized e File (MeF) Information for A	thdrawal (direct debit) this return, and the coessing of the electronic it, at 1-888-353-4537 no coessing of the electronic it, I have selected a my PIN <u>93081</u> Enter five numbers, but do not enter all zeros it the return is being filed oned ERO to enter my PIN ar 2023 electronically filed ing charities as part of the Date <u>11</u> <u>13</u> <u>202</u> ove. I confirm that I am zed IRS <i>e-file</i> Providers for 2024 Form 8879-TE (20

Form	886	8		

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	dentification						
		anlover or other filer and instru	uctions	Taypaya	idontificati	on number (TINI)	
Type or Print							on number (TIN)
File by the	MILITARY MISSIONS				26-13	379308	
due date for filing your return. See	Number, street, and room or suit 411B NORTH JUDD B						
instructions							
Enter the	Return Code for the return that this		te application for each return)				
Applicat	ion Is For	Return Code	Application Is For			Return Code	
Form 99	0 or Form 990-EZ	01	Form 4720 (other than individual)			09	
Form 47	20 (individual)	03	Form 5227			10	
Form 99	D-PF	04	Form 6069			11	
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
Form 99	D-T (trust other than above)	06	Form 5330 (individual)			13	
Form 99	D-T (corporation)	07	Form 5330 (other than individual)			14	
Form 10	41-A	08					
Pla Pla Part II - A The b Telep If the If this	an Number an Year Ending (MM/DD/YYYY) automatic Extension of Time To File ooks are in the care of JULIE J	DILLON RTH JUDD PARKWAY or place of business in the Uni unization's four-digit Group Exe	EVALUATE: FUQUAY VARINA, Fax No	If this is fo	r the whole	group, check this	
<u>box</u>	equest an automatic 6-month extensi						
the	organization named above. The ext calendar year 20 $\frac{23}{23}$ or	ension is for the organization's					
2 If t	he tax year entered in line 1 is for les Change in accounting period	s than 12 months, check reaso	on: Initial return	Final retur	'n		
3a lft	his application is for Forms 990-PF, §	990-T, 4720, or 6069, enter the	tentative tax, less				
an	y nonrefundable credits. See instruct	tions.		3a	\$	0.	
b lft	his application is for Forms 990-PF, §	990-T, 4720, or 6069, enter any	refundable credits and				
es	timated tax payments made. Include	any prior year overpayment all	owed as a credit.	3b	\$	0.	
c Ba	lance due. Subtract line 3b from line	e 3a. Include your payment wit	h this form, if required, by				
us	ing EFTPS (Electronic Federal Tax Pa	ayment System). See instructio	ns.	3c	\$	0.	
For Priva	acy Act and Paperwork Reduction MAIL TO:	Act Notice, see instructions. DEPARTMENT OF T	HE TREASURY		Form	8868 (Rev. 1-2024)	
LHA 32	3841 12-22-23	INTERNAL REVENU OGDEN, UT 84201	JE SERVICE CENTER 0045				

	-	EXTENDED TO NOVEMBER 15, Return of Organization Exempt From	2024 2011	ncome Tax	OMB No. 1545-0047
For	m g	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod	de (exce	ept private foundations	2023
Dep	artment	Do not enter social security numbers on this form as it r	-	-	Open to Public
Inter	nal Reve	Brue Service Go to www.irs.gov/Form990 for instructions and the i		formation.	Inspection
		e 2023 calendar year, or tax year beginning and end	aing	D E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Check if applicat			D Employer identifica	ation number
	Addr	MILITARY MISSIONS IN ACTION, INC.			
	Name Chan			26-137930	8
	Initia		om/suite		
	Final return	A11B NORTH TILD DARKWAY NE		919-522-1	603
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	866,863.
	Amer	FOQUAL VARINA, NC 27520		H(a) Is this a group ret	
	Appli tion pend			for subordinates?	Yes X No
		<u>° 4118 NORTH JUDD PARKWAY NE, FUQUAY VARINA</u>	<u>, n</u>	H(b) Are all subordinates incl	uded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		st. See instructions
	Webs			H(c) Group exemption	
	⁻ orm o art l	f organization: X Corporation Trust Association Other	L Year o	of formation: 2008 M	State of legal domicile: NC
F			ייים		
e	1	Briefly describe the organization's mission or most significant activities: FOR THI PROGRAMS AND SERVICES TO VETERANS WITH DISA		RPUSE OF PRO	
Governance				•	
/ern	2	Check this box if the organization discontinued its operations or disposed of			8
205	3	Number of voting members of the governing body (Part VI, line 1a)			8
		Number of independent voting members of the governing body (Part VI, line 1b)			8
ties	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			111
Activities &	6	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
			<u> </u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		675,823.	814,194.
Revenue	9	Program service revenue (Part VIII, line 2g)		18,239.	44,313.
Svel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		487.	733.
ă	11			507,922.	7,623.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,202,471.	866,863.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		164,901.	209,804.
lse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	. ь	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) <u>96,980</u>	•		
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		864,829.	882,583.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,029,730.	1,092,387.
	19	Revenue less expenses. Subtract line 18 from line 12		172,741.	-225,524.
Assets or			Beç	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,321,542.	1,091,731.
t As	21	Total liabilities (Part X, line 26)		130,373.	126,086.
-Ne	22	Net assets or fund balances. Subtract line 21 from line 20		1,191,169.	965,645.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules and			nowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer l	has any knowledge.	

Sign	Signature of officer			Date		
Here	JULIE DILLON, TREASURER					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	MICHELLE W. LEMANSKI	Michelle W.	Jemanski 11/14/	2024 self-employed P	00858709	
Preparer	Firm's name BATCHELOR, TILLER	Y & ROBERTS,	LLP	Firm's EIN 56-1	750124	
Use Only	Firm's address 3605 GLENWOOD AVE	NUE, SUITE 3	50			
	RALEIGH, NC 27612			Phone no. (919)	787-8212	
May the IF	May the IRS discuss this return with the preparer shown above? See instructions					
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

onn **530** (2023)

- orm	990 (2023) MILITARY MISSIONS IN ACTION, INC. 26-1379308 Page
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: FOR THE PURPOSE OF PROVIDING PROGRAMS AND SERVICES TO VETERANS WITH
	DISABILITIES, MEMBERS OF THE ARMED FORCES AND THEIR FAMILIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
ŀ	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
la	(Code:) (Expenses \$ 200,501. including grants of \$) (Revenue \$)
	OPERATION BUILDING HOPE MODIFYING VETERAN'S HOMES FOR SAFE, HANDICAP-ACCESSIBLE, INDEPENDENT
	MODIFIING VETERAN S HOMES FOR SAFE, HANDICAP-ACCESSIBLE, INDEPENDENT LIVING.
	THROUGH THIS PROGRAM WE PROVIDE HOME MODIFICATIONS FOR VETERANS (OF ALL
	ERAS) WITH DISABILITIES AND ACTIVE DUTY MILITARY/VETERAN DEPENDENT
	CHILDREN WITH SPECIAL NEEDS. THESE MODIFICATIONS USUALLY INCLUDE
	CONSTRUCTING WHEELCHAIR RAMPS AND ROLL-IN-SHOWERS, WIDENING DOORWAYS,
	AND LOWERING CABINETS AND COUNTERTOPS.
.	(Code:) (Expenses \$ 308, 487. including grants of \$) (Revenue \$)
łb	(Code:) (Expenses \$308,487. including grants of \$) (Revenue \$) (Revenue \$)
	THROUGH THIS PROGRAM WE PROVIDE HOUSEHOLD GOODS AND NEW OR GENTLY-USED
	FURNITURE TO FORMERLY HOMELESS VETERANS. WE ENSURE THE DONATED
	FURNITURE IS FULLY FUNCTIONAL AND REPAIR ITEMS WHEN FEASIBLE. THE TEAM
	ALSO PICKS UP DONATIONS AND DELIVERS SELECTED ITEMS TO VETERANS. ITEMS
	THAT ARE DONATED, BUT NOT ABLE TO BE UTILIZED IN SMALL APPARTMENTS ARE SOLD AND THIS ALLOWS US TO PURCHASE ITEMS STILL NEEDED TO COMPLETE OUR
	VETERAN DELIVERIES, SUCH AS A NEW MATTRESS OR BATHROOM SUPPLIES.
	VETERAN DELIVERTED, DUCH AD A NEW MATTREDD OK DATHKOOM DUTTIED.
c	(Code:) (Expenses \$295,156. including grants of \$) (Revenue \$)
	FILL THE FOOTLOCKER
	OUR "FILL THE FOOTLOCKER" PROGRAM CONSISTS OF THREE SUB-PROGRAMS: 1. MILITARY CARE PACKAGES: SUPPORTS ACTIVE-DUTY SERVICE MEMBERS AND
	MILITARY WORKING DOGS SERVING IN COMBAT ZONES AND FOREIGN POSTS.
	2. HOMELESS VETERANS STAND-DOWN KITS: SUPPORTS OUR EVER-RISING NUMBER
	OF HOMELESS VETERANS.
	3. OPERATION RESCUE CHRISTMAS: SUPPORTS MILITARY AND VETERAN FAMILIES
	IN NEED, DURING THE HOLIDAY SEASON.
Id	Other program services (Describe on Schedule O.)
TU	(Expenses \$ 38,327. including grants of \$) (Revenue \$ 7,623.)
le	Total program service expenses 842,471.
<u> </u>	Form 990 (202
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10	25 153103 4005900 2023.04030 MILITARY MISSIONS IN ACTI 4005

Form	990	(2023)

 Form 990 (2023)
 MILITARY MISSIONS IN ACTION, INC.

 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
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		Х
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 Rev. Proc. 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 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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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 of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	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
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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 for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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 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 Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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 Form 990 (2023)
 MILITARY MISSIONS IN ACTION, INC.
 26-1379308
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Continued
 <td

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	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		<u> </u>
24a	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
	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	04-		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D.	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
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	0		x
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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		x
37	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		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
332004	↓ 12-21-23	Form	990	(2023)

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2023.04030 MILITARY MISSIONS IN ACTI 40059001

[∋] orm Par	990 (; t V	2023) MILITARY MISSIONS IN ACTION, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued)	26-1379	308	Pa	_{age} 5
					Yes	No
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
		for the calendar year ending with or within the year covered by this return	2a 8			
b		east one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
3a				3a		Х
b		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
		y time during the calendar year, did the organization have an interest in, or a signature or other a				
	finan	cial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
b	lf "Ye	es," enter the name of the foreign country				
	See i	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was	the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did a	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	ction?	5b		X
с	lf "Ye	es" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			
	any c	ontributions that were not tax deductible as charitable contributions?		6a		X
b	lf "Ye	es," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were	not tax deductible?		6b		
7	Orga	nizations that may receive deductible contributions under section 170(c).				
а	Did th	e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	lf "Y€	es," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did tl	ne organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as required			
	to file	Form 8282?		7c		X
d	lf "Y€	es," indicate the number of Forms 8282 filed during the year	7d			
е	Did tl	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did tl	ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		
g	If the	organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Spor	soring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the			
	spon	soring organization have excess business holdings at any time during the year?		8		
9	Spor	soring organizations maintaining donor advised funds.				
а	Did tl	ne sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did tl	ne sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b		
10	Sect	ion 501(c)(7) organizations. Enter:				
а	Initia	tion fees and capital contributions included on Part VIII, line 12	10a			
b	Gros	s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Sect	ion 501(c)(12) organizations. Enter:				
а	Gros	s income from members or shareholders	11a			
b	Gros	s income from other sources. (Do not net amounts due or paid to other sources against				
	amou	Ints due or received from them.)	11b			
12a	Sect	ion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	lf "Y∈	es," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Sect	ion 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				
	orgar	nization is licensed to issue qualified health plans	13b			
с	Enter	the amount of reserves on hand	13c			
14a	Did tl	ne organization receive any payments for indoor tanning services during the tax year?		14a		X
b	lf "Y∈	es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		L
15		organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	exce	ss parachute payment(s) during the year?		15		X
	lf "Y∈	es," see the instructions and file Form 4720, Schedule N.				
16	Is the	organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	lf "Ye	es," complete Form 4720, Schedule O.				
17	Sect	ion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that v	would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	lf "Y€	es," complete Form 6069.				
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MILITARY MISSIONS IN ACTION, INC.

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Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" res	sponse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	

Check if Schedule O contains a response or note to any line in this Part VI	X
Section A. Governing Body and Management	

Sec	tion A. Governing Body and Management					V.	
	Establish and the function of the second state is the second state of the terms	1.4-	I	8		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		-			
	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 on Schedule 0.			8			
b	Enter the number of voting members included on line 1a, above, who are independent		l	-			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with a	any other		-		v
•	officer, director, trustee, or key employee?			· -	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne airec	supervision		•		- v
			- 6110		3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form			·· Γ	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			··	5		X
6	Did the organization have members or stockholders?			·	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				_		
	more members of the governing body?			- -	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						
-	persons other than the governing body?			۰ H	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		-	v	
a	The governing body?				8a	X X	
b	Each committee with authority to act on behalf of the governing body?			·	8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				•		- v
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			.	9		X
000	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)			Vee	Na
10a	Did the organization have local chapters, branches, or affiliates?			Г	10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such c			• -	104		
-			,,		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			· F	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	Ū				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			- [12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b		х
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			Γ			
	on Schedule O how this was done	,			12c		x
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?			. C	14	Х	
15	Did the process for determining compensation of the following persons include a review and approv	al by ind	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			. [15a	Х	
b	Other officers or key employees of the organization			. [15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		articipation				
b	, , , , , , , , , , , , , , , , , , , ,	ate its p	-				

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed NONE
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.
	X Own website X Another's website X Upon request Other (explain on Schedule O)
19	Describe on 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.
20	State the name, address, and telephone number of the person who possesses the organization's books and records JULIE DILLON - 919-522-1603
	411 NORTH JUDD PARKWAY, FUQUAY VARINA, NC 27526
33200	6 12-21-23 Form 990 (2023

2023.04030 MILITARY MISSIONS IN ACTI 40059001

7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	mployees, 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pei	more rson i	than of s both pr/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JULIE DILLON	0.00									_
TREASURER		Х		X				0.	0.	0.
(2) PAUL PIERCE	0.00									
VICE CHAIRMAN		Х		X				0.	0.	0.
(3) BRENT ORR CHAIRMAN	0.00	x		x				0.	0.	0.
(4) ROGER LUSH	0.00									
SECRETARY		х		x				0.	0.	0.
(5) JASON WALTERS	0.00									
MEMBER AT LARGE		х						0.	0.	0.
(6) LAUREN MCANDREW	0.00									
SECRETARY (ALTERNATE)		Х						0.	0.	0.
(7) JAYSON PARRISH	0.00									
MEMBER AT LARGE		Х						0.	0.	0.
(8) DAN EVANS	0.00									
MEMBER AT LARGE		Х						0.	0.	0.
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Form 990 (2023)

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Form 990		MISSION	S	IN	A	CT.	'I0	Ν,	INC.	26-13	<u>379</u> :	308	P	age 8
Part V	Section A. Officers, Directors, Trust	tees, Key Emp	loye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average			Posi	ition			Reportable	Reportable		Fs	timate	ed.
		hours per					than o s both		compensation	compensatio	I		nount	
		week					or/trust		from	from related			other	
		(list any	ctor						the	organization			pensa	tion
		hours for	· dire				pe		organization	(W-2/1099-MIS	SC/	fr	om th	е
		related	ee o 1	Istee			nsati		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
		organizations	trus	al tri		yee	om pe		1099-NEC)			and	d relat	ed
		below	ndividual trustee or director	nstitutional trustee	er	Key employee	est c loyee	ıer				orga	anizati	ons
		line)	Indiv	Insti	Officer	Key e	Highest compensated employee	Former						
1b Su	btotal								0.		0.			0.
	ototal tal from continuation sheets to Part VII								0.		0.			0.
									0.		0.			0.
	tal (add lines 1b and 1c)									000 - (0.
	al number of individuals (including but no	ot limited to the	ose	liste	d ab	ove	e) wn	o re	eceived more than \$100,	000 of reportable	÷			0
CO	npensation from the organization												Ma a	0
											1		Yes	No
3 Dic	I the organization list any former officer,	director, truste	ee, k	ey e	mpl	oyee	e, or	hig	hest compensated empl	oyee on				
	e 1a? If "Yes," complete Schedule J for si											3		X
	any individual listed on line 1a, is the su													
and	d related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual			4		Х
	I any person listed on line 1a receive or a													
ren	dered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch r	bers	on .					5		Х
	B. Independent Contractors													
1 Co	mplete this table for your five highest cor	npensated ind	epe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	bensat	ion fro	m	
	organization. Report compensation for t													
	(A)				<u> </u>				(B)			(0	:)	
	Name and business	address	NC	ONE	1				Description of s	ervices	С	ompei		n
								+						
								+						
								+						
2 Tot	al number of independent contractors (ir	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than				
	00,000 of compensation from the organiz					C								
													~~~	

Form **990** (2023)

332008 12-21-23

			2023) MILITARY	MISS	IONS IN 2	ACTION, INC	2.	26-1379	308 Page 9
Pa	rt V	/111	Statement of Revenue						
			Check if Schedule O contains a r	esponse (	or note to any lin	e in this Part VIII	(B)	(2)	
						(A) Total revenue	(B) Related or exempt function revenue		<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b		1			
D G				1c	167,077.				
ifts ar A			Related organizations	1d					
s, G mila			Government grants (contributions)	1e	14,088.				
Sii			All other contributions, gifts, grants, and						
ber				1f	633,029.				
1 H OH		g	l l l l l l l l l l l l l l l l l l l	1g \$	369,066.				
Cor		h	Total. Add lines 1a-1f			814,194.			
					Business Code				
e	2	а	EVENTS		812900	44,313.	44,313.		
vic		b							
Sel		с							
am eve		d							
Program Service Revenue		е							
Pr		f	All other program service revenue						
		g	Total. Add lines 2a-2f			44,313.			
	3		Investment income (including dividen						
			other similar amounts)			733.			733.
	4		Income from investment of tax-exemption	ot bond p	roceeds				
	5		Royalties						
			(i)	Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
					(1) <b>-</b>				
	7	а		ecurities	(ii) Other				
			assets other than inventory <b>7a</b>						
		b	Less: cost or other basis						
evenue			and sales expenses 7b						
eve			Gain or (loss) 7c						
			Net gain or (loss)		I				
Other R	8	а	Gross income from fundraising events (no including \$ 167,077.						
			contributions reported on line 1c). Se						
			Part IV, line 18		-				
			Less: direct expenses		0.				
			Net income or (loss) from fundraising			0.			
	9	а	Gross income from gaming activities.						
		I-	Part IV, line 19						
			Less: direct expenses		1				
			Net income or (loss) from gaming act Gross sales of inventory, less returns						
	10	a							
		h	and allowances Less: cost of goods sold						
			Net income or (loss) from sales of inv						
		U	Net income of (1055) Itoff Sales Of ITIV	childry	Business Code				
sn	11	2	OTHER UNRESTRICTED	REV	900099	7,623.	7,623.		
neo		a b				.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
scellaneo Revenue		c							
Miscellaneous Revenue			All other revenue						
Σ			Total. Add lines 11a-11d		L	7,623.			
	12		Total revenue. See instructions			866,863.	51,936.	0.	733.
33200	9 12-	-21-:					-		Form <b>990</b> (2023)

MILITARY MISSIONS IN ACTION, INC.

332009 12-21-23

Page 9

26-1379308

MILITARY MISSIONS IN ACTION, INC.

	Check if Schedule O contains a respons			(0)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)	202 447	125 205		
7	Other salaries and wages	202,447.	135,395.	67,052.	
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,357.	4,920.	2,437.	
0	Payroll taxes	1,357.	4,920.	4,43/.	
1	Fees for services (nonemployees):				
a	Management	23 679	17.	23,662.	
b	5 F	23,679. 1,475.	346.	1,129.	
ر م	9 F	1,1/3.	540.	1,12,5•	
d					
e f	Investment management fees				
f g					
y	column (A), amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion	56,203.	33,787.	2,922.	19.494
3	Office expenses	51,380.	37,448.	2,922. 9,490.	<u>19,494</u> 4,442
4	Information technology				<i>i</i>
5	Royalties				
6	Occupancy	179,620.	166,840.	12,780.	
7	Travel	42,025.	27,519.	105.	14,401
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	8,902.		8,902.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	32,796.	32,796.		
3	Insurance	25,800.	19,222.	6,578.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MATERIALS AND SUPPLIES	352,910.	301,788.	4,762.	46,360
a b	REAPIRS	31,538.	31,228.	310.	10,000
c	VEHICLE AND EQUIPMENT	26,002.	25,838.	164.	
d	OUTSIDE SERVICES	16,084.	16,084.		
	All other expenses	34,169.	9,243.	12,643.	12,283
5	Total functional expenses. Add lines 1 through 24e	1,092,387.	842,471.	152,936.	96,980
6	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 fif following SOP 98-2 (ASC 958-720)				

11

332010 12-21-23

Form 990 (2023)

11561025 153103 4005900

29

30

31

32

33

Form 990 (2023)

1

2

Part X | Balance Sheet

1,191,169.

1,321,542.

29

30

31

32

33

965,645.

Form 990 (2023)

1,091,731.

3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 101,834. 134,024. 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 492,729. basis. Complete Part VI of Schedule D _____ 10a 138,883. 280,441. 353<u>,846.</u> b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 560. 0. 15 15 Other assets. See Part IV, line 11 1,321,542. 1,091,731. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 7,129. 9,449. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 114,245. 107,698. Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 8,999. 25 8,939. of Schedule D 130,373. 126,086. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,191,169. 27 965,645. 27 Net assets without donor restrictions Net assets with donor restrictions 28 28

MILITARY MISSIONS IN ACTION, INC.

Check if Schedule O contains a response or note to any line in this Part X

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Cash - non-interest-bearing Savings and temporary cash investments 26-1379308 Page 11

(B) End of year

603,861.

(A) Beginning of year

938,707.

1

2

	990 (2023) MILITARY MISSIONS IN ACTION, INC.	26-13	379308	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,092		
3	Revenue less expenses. Subtract line 2 from line 1	3	-225		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,191	L,10	<u> 59.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	965	5,6	<u>45.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	о.			
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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2023)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

# **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.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name	of the	organization
------	--------	--------------

Nan	ie ot	the organization	MADV MICCI			r	1		C 1270200
Da	rt I	Reason for Public (		ONS IN ACTIO					6-1379308
	organ	nization is not a private found		•		,			
1		A church, convention of chu				)(מ)סיד ח	I)(A)(I).		
2	$\square$	A school described in <b>sect</b> A hospital or a cooperative				/I= \/ <b>4</b> \/ <b>A</b> \/::	::)		
3		A medical research organiza					,	iii) Entor	the bespital's name
4		city, and state:	ation operated in cor	ijunction with a nospital	uescribeu	III sectio	)(A)(T)(A)(T)(A)(	III). Enter	the hospital's hame,
5		An organization operated for	or the banafit of a col	lago or university owned	l or oporat		vorpmontal uni	t docoribo	od in
5		section 170(b)(1)(A)(iv). (C		lege of university owned		eu by a go		it describe	
6				ontal unit described in	contion 17	70/6//4//A	( ₁ )		
6 7	$\square$	A federal, state, or local gov An organization that norma	-					achoral	aublic described in
'		section 170(b)(1)(A)(vi). (C	•	itial part of its support if	on a gove	mmentar		e general p	
8		A community trust describe		1)(A)(vi) (Complete Par	+ 11 \				
9	$\square$	An agricultural research org				nd in coniu	unction with a l	and grant	collogo
9		or university or a non-land-g							
		university:	fram conege of agrici			lame, ony	, and state of th	le college	
10	X		Ilv receives (1) more t	than 33 1/3% of its supr	ort from c	ontribution	ns membershir	fees and	d aross receipts from
10		activities related to its exem					•		•
		income and unrelated busir							
		See section 509(a)(2). (Cor				ooo aoqaa			
11		An organization organized a	-	velv to test for public sa	fetv. See	section 50	)9(a)(4).		
12	$\square$	An organization organized a	•		•			v out the	purposes of one or
		more publicly supported or	•	•	•			•	• •
		lines 12a through 12d that	-						
а		<b>Type I.</b> A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typ	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees	s of the su	ipporting
		organization. You must o	complete Part IV, Se	ctions A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organization	(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage	e the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally	integrate	d with,
		its supported organization	n(s) (see instructions)	. You must complete l	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its supporte	ed organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and a	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II,	Type III	
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.			
f		ter the number of supported of	•						
g		ovide the following information (i) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of r	nonoton	(vi) Amount of other
		organization		(described on lines 1-10	in your governi	ng document?	support (see ins		support (see instructions)
				above (see instructions))	Yes	No		,	
Tota	al								

Schedule					
Part II	Su	pport	Sc	hec	lule f
	·				

MILITARY MISSIONS IN ACTION, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
4	Total. Add lines 1 through 3						
5	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)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support			-	-	<u>.</u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2023 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
	Public support percentage from 2022					15	%
<b>16</b> a	33 1/3% support test - 2023. If the o	organization did ne	ot check the box o	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	: - 2023. If the or	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	ces test, check this	s box and <b>stop h</b>	<b>ere.</b> Explain in Par	t VI how the organi	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported of	organization		
b	10% -facts-and-circumstances test	: - 2022. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circl			-			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a		
						Schedule A	(Form 990) 2023

332022 12-21-23

#### MILITARY MISSIONS IN ACTION INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to gualify under the tests listed below, please complete Part II.)

#### Section A. Public Support (b) 2020 (c) 2021 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2134367 2226353. 1307469. 555,714. 647,117. 6871020. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 247,126. 184,839. 646,270. 219,013. 1471580. 174,332. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 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 2473479. 1492308. 866,130. 2308699. 1201984. 8342600. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and Ο. 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 n c Add lines 7a and 7b 0 8342600. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 Amounts from line 6 2473479. 1492308. 1201984. 866,130. 2308699. 8342600. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 104. 212. 159. 487. 733. 1,695. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 104. 212. 159. 487. 733. 1,695. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is 173,332. 173,332. regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 2482135. 2473691. 1492467. 1202471. 866,863. 8517627. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 97.95 % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 98.21 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .02 17 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % .01 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not _____X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23

16

#### 11561025 153103 4005900

2023.04030 MILITARY MISSIONS IN ACTI 40059001

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

Yes No

#### Part IV | Supporting Organizations

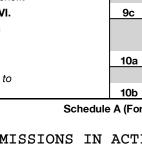
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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2023.04030 MILITARY MISSIONS IN ACTI 40059001

Schedule A (Form 990) 2023

Schedule A	A (Form 990) 2023		MISSIONS	IN	ACTION,	INC.	26-13	7930	8 Pa	age <b>5</b>
Part IV	Supporting Organ	izations (continue	ed)							
									Yes	No
11 Has	the organization accepted	l a gift or contribution	from any of the fo	llowir	g persons?					
a Ape	rson who directly or indire	ctly controls, either a	lone or together w	ith pe	rsons described	l on lines 11b and				
11c	pelow, the governing body	/ of a supported orga	nization?					11a		
<b>b</b> A far	nily member of a person d	lescribed on line 11a	above?					11b		
<b>c</b> A 35	% controlled entity of a pe	erson described on lin	e 11a or 11b abov	re? If	"Yes" to line 11	a, 11b, or 11c, provide				
deta	<i>in</i> Part VI.					· · · · ·		11c		
Section	B. Type I Supporting	g Organizations								

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported	-	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		

Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		1

#### Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during th	the vear (Se	e instructions).
-----------------------------------------------------------------------------------------------------------	--------------	------------------

The organization satisfied the Activities Test. Complete line 2 below. а

b		The organization	is the parent of	each of its supported	organizations.	Complete line 3 below.
---	--	------------------	------------------	-----------------------	----------------	------------------------

c 🗋	The organization supported a governmental entity	· Describe in Part VI how	you supported a governmental entit	y (see instruction <u>s).</u>
-----	--------------------------------------------------	---------------------------	------------------------------------	-------------------------------

2 Activities Test. Answer lines 2a and 2b below.

supervised, or controlled the supporting organization.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a 2b 3a 3b

Schedule A (Form 990) 2023

Yes No

Yes No

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1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			Part VI). See instructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
•	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
•	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

# Schedule A (Form 990) 2023 MILITARY MISSIONS IN ACTION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	ection D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exer	1					
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in <b>Part VI</b> ). See instructions.	5		8			
9	Distributable amount for 2023 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
		(i)	(ii)		(iii)		
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	IS	Distributable Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
а	From 2018						
b	From 2019						
с	From 2020						
d	From 2021						
е	From 2022						
f	Total of lines 3a through 3e						
	Applied to underdistributions of prior years						
h	Applied to 2023 distributable amount						
i	Carryover from 2018 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
	Applied to 2023 distributable amount						
с	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
	Excess from 2022						
	Excess from 2023						

Schedule A (Form 990) 2023

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Schedule A	(Form 990) 2023	MILITARY	MISSIONS	IN ACTION,	INC.	26-1379308 Page
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	1, 2, 3b, 3c, 4b, 40 , lines 2 and 3; Pa	c, 5a, 6, 9a, 9b, 9c, rt IV, Section E, line	11a, 11b, and 11c; Pa es 1c, 2a, 2b, 3a, and	art IV, Section B, line: 3b; Part V, line 1; Par	s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
32028 12-21-2	3			21		Schedule A (Form 990) 202

#### Schedule B (Form 990)

(* -----,

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

MILITARY	MISSIONS	IN	ACTION,	INC.
Organization type (check one):				

26-1379308

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

26-1379308

## MILITARY MISSIONS IN ACTION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	CHARITIES AID FOUNDATION OF AMERICA PO BOX 4355 SOUTHFIELD, MI 48037	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MEMBER ONE FEDERAL CREDIT UNION 1404 HIGH ACRE ROAD BEDFORD, VA 24523-3612	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MENS GOLF ASSOCIATION OF PPC PO BOX 351 PINEHURST, NC 28370	\$ <u> </u>	Person     X       Payroll
	(1-)		( 1)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b) Name, address, and ZIP + 4 <u>PINEHURST UNITED METHODIST CHURCH</u> <u>4111 AIRPORT ROAD</u> <u>PINEHURST, NC 28374-8997</u>		(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4         PINEHURST UNITED METHODIST CHURCH         4111 AIRPORT ROAD	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for
<u>No.</u>	Name, address, and ZIP + 4          PINEHURST UNITED METHODIST CHURCH         4111 AIRPORT ROAD         PINEHURST, NC 28374-8997         (b)	Total contributions           \$         8,600.           (c)         (c)	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
<u>No.</u> <u>4</u> (a) <u>No.</u>	Name, address, and ZIP + 4         PINEHURST UNITED METHODIST CHURCH         4111 AIRPORT ROAD         PINEHURST, NC 28374-8997         (b)         Name, address, and ZIP + 4         RAYMOND JAMES GLOBAL ACCOUNT         880 CARILLON PARKWAY	Total contributions         \$       8,600.         (c)         Total contributions	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       (d)         Type of contribution       X         Person       X         Payroll       Image: Complete Part II for         Noncash       Image: Complete Part II for
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4          PINEHURST UNITED METHODIST CHURCH         4111 AIRPORT ROAD         PINEHURST, NC 28374-8997         (b)         Name, address, and ZIP + 4         RAYMOND JAMES GLOBAL ACCOUNT         880 CARILLON PARKWAY         SAINT PETERSBURG, FL 33716-1102         (b)         Name, address, and ZIP + 4         INNOVATIVE TIMING SYSTEMS LLC         11671 LILBURN PARKER RD.         ST. LOUIS, MO 63146	Total contributions         \$       8,600.         (c)       Total contributions         \$       5,000.         (c)       (c)	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X       Payroll       Image: Complete Part II for noncash contributions.)         (complete Part II for noncash contributions.)       (Complete Part II for noncash contributions.)         (d)       (Complete Part II for noncash contributions.)         (d)       (Complete Part II for noncash contributions.)

11561025 153103 4005900

23 2023.04030 MILITARY MISSIONS IN ACTI 40059001 Name of organization

Employer identification number

26-1379308

#### MILITARY MISSIONS IN ACTION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	ROBERT GRANVILLE THROWER ESTATE 8108 WOODCREST COURT FUQUAY-VARINA, NC 27526-9404	\$112,410.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	SYNCHRONOSURE 8521 SIX FORKS ROAD SUITE 105 RALEIGH, NC 27615	\$ <u> </u>	Person     X       Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	TEC GRAPHICS INC 101 TECHNOLOGY PARK LANE FUQUAY-VARINA, NC 27526-9363	\$ <u> </u>	Person     X       Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	HOUSE-AUTRY MILLS, INC PO BOX 460 FOUR OAKS, NC 27524	\$ <u>17,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	J'S ELECTRIC 5701 BUTEO CT. FUQUAY-VARINA, NC 27526	\$ <u>11,250.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2023)

MILITZ	ARY MISSIONS IN ACTION, INC.	2	26-1379308	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		

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Schedule B (Form 990) (2023)

## 11561025 153103 4005900

2023.04030 MILITARY MISSIONS IN ACTI 40059001

Page 3 Employer identification number

26-1379308

Schedule B (Form 990) (2023)

Name of organization

Schedule B (Form 990) (2023)					Page <b>4</b>	
Name of organization					Employer identification number	
MILITARY MISSIONS		NC			26-1379308	
Part III Exclusively religious, char	table, etc., contributions	to organizations descri			nat total more than \$1,000 for the year	
from any one contributor. completing Part III, enter the tota	Complete columns (a) thro l of exclusively religious, charit	ough <b>(e) and</b> the followir able, etc., contributions of <b>\$</b>	ng line entry. For on 1,000 or less for th	ganizations e year. (Enter this info. c	once.) \$	
Use duplicate copies of					•	
(a) No. from (b) Purpose Part I	of gift	(c) Use of g	gift	(d) Desc	cription of how gift is held	
	-					
		(e) Transf	ier of gift			
Transferee's	s name, address, and 2	ZIP + 4	R	elationship of tra	nsferor to transferee	
(a) No.						
from (b) Purpose Part I	of gift	(c) Use of g	gift	(d) Desc	cription of how gift is held	
[						
		(e) Transi	ier of gift			
Transforaci	(e) Trans Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee		
	name, audress, and a					
(a) No. from (b) Purpose Part I	of gift	(c) Use of g	gift	(d) Desc	cription of how gift is held	
	(e) Transfer of gift					
Transferee's	s name, address, and 2	ZIP + 4	Re	elationship of tra	nsferor to transferee	
(a) No. from (b) Purpose Part I	of gift	(c) Use of g	gift	(d) Desc	cription of how gift is held	
	(e) Transfer of gift					
Transferee's	aname, address, and a	ZIP + 4	R	elationship of tra	nsferor to transferee	
323454 12-26-23					Schedule B (Form 990) (2023)	

SCHEDULE I	C
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(Form	990)
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# **Supplemental Financial Statements**

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

Go to www.irs.gov/Form990 for instructions and the latest information.

2023 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MILITARY MISSIONS IN ACTION, INC.

Employer identification number 26 - 1379308

Par		d Funds or Other Similar Funds or Ac	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	1	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Dor			
Par		•	, line 7.
1	Purpose(s) of conservation easements held by the organization	<u> </u>	
	Preservation of land for public use (for example, recrea		orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a co	Held at the End of the Tax Year
	day of the tax year.		
			2a
			2b
C	Number of conservation easements on a certified historic structure		2c
a	Number of conservation easements included on line 2c acqu		
•	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the organ	ization during the tax
4	year	amont is located	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
0	Stan and volunteer nours devoted to monitoring, inspecting,	handling of violations, and emotering conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sements during the year
•			
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(B)(i	i)
-			
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	-	
	organization's accounting for conservation easements.	J. J	
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2023
332051	09-28-23		

27 2023.04030 MILITARY MISSIONS IN ACTI 40059001

Sche	dule D (Form 990) 2023 MILITAR	Y MISSIONS	IN ACT	ION,	INC.		26-13	79308	3 Pa	age <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Ar	t, Historica	al Trea	sures, or Oth	er Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any	of the fol	lowing that make	significant	use of its			
	collection items (check all that apply).									
а	Public exhibition	c	I 🔄 Loan	or excha	ange program					
b	Scholarly research	e	e 🗌 Othe	r						
С	Preservation for future generations									
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit o	r receive donations of	of art, historic	al treasu	res, or other simil	ar assets		_		_
_	to be sold to raise funds rather than to be ma						<u></u>	Yes		No
Par	t IV Escrow and Custodial Arran		te if the orgar	nization a	inswered "Yes" o	n Form 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi	•						-		1
	on Form 990, Part X?						∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					<b>A</b>		
								Amount		
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
T Oo	Ending balance						<u> </u>	Yes		No
	Did the organization include an amount on Fo If "Yes," explain the arrangement in Part XIII.					• • • • • • •				] <b>NO</b> ]
Par							<u></u>			<u></u>
		(a) Current year	(b) Prior y		(c) Two years back		vears back	(e) Four	vears	back
1a	Beginning of year balance				()			,	,	
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1g, coli	umn (a)) h	neld as:					
а	Board designated or quasi-endowment	-	%							
b	Permanent endowment	_%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are	held and	administered for	the		-		
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		wment funds							
Par	t VI Land, Buildings, and Equipm			11. 0.		V 15 - 10				
	Complete if the organization answere									
	Description of property	(a) Cost or o basis (investr		<b>)</b> Cost o basis (o		Accumulate depreciation		(d) Bool	< value	3
1a	Land									
	Buildings		500.					198	3,50	)0.
С	Leasehold improvements									
d	Equipment		423.			5,4				0.
	Other					133,4	60.		5,34	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, line 10c,  c</u>	olumn (B	<u>}))</u>		<u></u>	35.	3,84	±6.

Schedule D (Form 990) 2023

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	iption of security or category (including name of security)	(b) Book value	<ul> <li>11b. See Form 990, Part X, line 12.</li> <li>(c) Method of valuation: Cost or er</li> </ul>	nd-of-vear market value
		(b) Book value		la or year market value
	cial derivatives			
2) Olosei 3) Other	y held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, line 12, col. (B))			
	II Investments - Program Related.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, line 13, col. (B))			
	(b) must equal Form 990, Part X, line 13, col. (B)) Other Assets			
fotal. (Col.	(b) must equal Form 990, Part X, line 13, col. (B)) Other Assets Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
fotal. (Col.	Other Assets Complete if the organization answered "Yes" or	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15.	(b) Book value
fotal. (Col.	Other Assets Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(b) Book value
Fotal. (Col. Part IX	Other Assets Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. Part IX (1)	Other Assets Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. Part IX (1) (2)	Other Assets Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. Part IX (1) (2) (3)	Other Assets Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Other Assets Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. Part IX (1) (2) (3) (4) (5) (6)	Other Assets Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col.           Part IX           (1)           (2)           (3)           (4)           (5)           (6)           (7)	Other Assets Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col.           Part IX           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Fotal. (Co	Other Assets Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, line 15, col.	escription	11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co	Other Assets Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities	escription (B))		
Total. (Col.           Part IX           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Fotal. (Co	Other Assets     Complete if the organization answered "Yes" or     (a) D	escription (B))		5.
otal. (Col.           Part IX           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Fotal. (Co.           Part X	Other Assets Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities	escription (B))		
otal. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co Part X Part X	Other Assets Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability ederal income taxes	escription (B))		5. (b) Book value
otal. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co Part X Part X	Other Assets Complete if the organization answered "Yes" or (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability	escription (B))		5. (b) Book value
otal. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co Part X Part X	Other Assets Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability ederal income taxes	escription (B))		5. (b) Book value
Total. (Col.         Part IX         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Co         Part X         1.         (1)       Fe         (2)       A	Other Assets Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability ederal income taxes	escription (B))		5. (b) Book value
Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Fotal. (Co Part X (9) Fotal. (Co Part X (1) Fe (2) A (3)	Other Assets Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability ederal income taxes	escription (B))		5. (b) Book value
otal. (Col.         Part IX         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Co         Part X         I.         (1)       Fe         (2)       A         (3)         (4)	Other Assets Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability ederal income taxes	escription (B))		5. (b) Book value
Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co Part X (9) Fotal. (Co Part X (1) (2) A (3) (4) (5)	Other Assets Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability ederal income taxes	escription (B))		5. (b) Book value
otal. (Col.         Part IX         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Co.         Part X         (1)         (2)         (3)         (4)         (5)         (4)         (5)         (6)	Other Assets Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability ederal income taxes	escription (B))		5. (b) Book value
Total. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X (9) Total. (Co (7) (6) (2) A (3) (4) (5) (6) (7)	Other Assets Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability ederal income taxes	escription (B))		5.

Schedule D (Form 990) 2023

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	edule D (Form 990) 2023 MILITARY MISSIONS IN ACTION			L379308 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenu	ie per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.		
1	Total revenue, gains, and other support per audited financial statements		1	866,863.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>		3	866,863.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines <b>4a</b> and <b>4b</b>		4c	Ο.
с	Add lines 4a and 4b		·····	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990. Part I. line 12.</i> )			866,863.
5				
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990. Part I. line 12.</i> )	nents With Expen		1
5	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With Expen	5 ses per Return	
5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With Expen	5 ses per Return	1
5 Pa 1	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents With Expen	5 ses per Return	1
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With Expen	5 ses per Return	1
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents With Expen           2a           2b	5 ses per Return	1
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a           2a           2b           2c	5 ses per Return	1
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2a           2b           2c           2d	ses per Return	<u>1,092,387.</u> 0.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a         2a           2b         2c           2c         2d	5 ses per Return	1,092,387.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a         2a           2b         2c           2c         2d	5 ses per Return	<u>1,092,387.</u> 0.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a         2a            2a            2b            2c            2d	5 ses per Return	<u>1,092,387.</u> 0.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2a           2b           2c           2d	5 ses per Return	<u>1,092,387.</u> 0.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2a           2b         2b           2c         2d           2d         4a           4b         4b	5 ses per Return	<u>1,092,387.</u> <u>0.</u> 1,092,387. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b         Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2a         2a           2b         2c           2c         2d           2d         4a           4b         4b	5 ses per Return 1 2e 3 3	<u>1,092,387.</u> 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a         2a           2b         2c           2c         2d           2d         4a           4b         4b	5 ses per Return 1 2e 3 3	<u>1,092,387.</u> <u>0.</u> 1,092,387. 0.

Provide 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

332054 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on l				r <b>19</b> ,	or if the	[•] 2023	
	C	organization entered more than \$15 Attach to Form 990 o							
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc				ı.		Inspection	
Name of the organization		V MIGGIONG IN ACTI	זאר	TN	<b>-</b>		Employer ide	entification number	
MILITARY MISSIONS IN ACTION, INC.         26-13           Part I         Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990									
	complete this part				, , , , , , , , , , , , , , , , , , ,				
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> </ul>	ions email solicitations tations licitations on have a written o	f Solicitat g Special or oral agreement with any individual	ion of ion of fundra (incluc	non-g gover iising ling of	overnment grants nment grants events ficers, directors, trust	tees,		<b>—</b>	
		art VII) or entity in connection with pr /iduals or entities (fundraisers) pursua			•	o fur	draiser is to b		
compensated at le	•	, ,,		agreei				0	
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	tò (c	(v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) organization		
			Yes	No					
Total	·····	·····	<u></u>	<u></u>				L	
or licensing.	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	ITIS	exempt from re	egistration	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

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MILITARY MISSIONS IN ACTION, INC. 26-1379308 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 TEE OFF FOR TROOPS	GALA	(c) Other events	(d) Total events (add col. (a) through col. (c))
ø		(event type)	(event type)	(total number)	
Hevenue	1 Gross receipts	132,149.	25,000.	9,928.	167,077
	2 Less: Contributions	132,149.	25,000.	9,928.	167,077
	3 Gross income (line 1 minus line 2	)			
	4 Cash prizes				
	5 Noncash prizes				
penses	6 Rent/facility costs				
Uirect Expenses	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lin				
a	11 Net income summary. Subtract line of the office of the summary	rganization answered "Yes" on Forn	n 990 Part IV line 19 or r	enorted more than	
_	\$15,000 on Form 990-EZ, line				
ų		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad
Ē			billigo/progressive billigo		coi. (a) through coi. (a
	1 Gross revenue				
	Gross revenue     Gross prizes				
	Gross revenue     Gross prizes				
	Gross revenue     Gross prizes				
	Gross revenue     Gross prizes				
	<ol> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> </ol>			Yes%	
	<ol> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> </ol>			☐ Yes %	
	<ol> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> </ol>		%	No	
	<ol> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lin</li> </ol>		% % No	No	
	<ol> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Volunteer labor</li> </ol>		% % No	No	
DIrect Expenses	<ol> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lin</li> <li>Net gaming income summary. Su</li> <li>Enter the state(s) in which the organiz</li> </ol>		% %	No	
DIrect Expenses	<ol> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lin</li> <li>Net gaming income summary. Su</li> </ol>		% %	No	
b Direct Expenses	<ol> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lin</li> <li>Net gaming income summary. Su</li> <li>Enter the state(s) in which the organiz</li> </ol>		Yes%     No	No	
а	<ol> <li>Gross revenue</li> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Other direct expenses</li> <li>Volunteer labor</li> <li>Direct expense summary. Add lin</li> <li>Net gaming income summary. Su</li> <li>Enter the state(s) in which the organization licensed to conduct</li> </ol>		Yes%     No	No	col. (a) through col. (c
	1 Gross revenue         2 Cash prizes         3 Noncash prizes         4 Rent/facility costs         5 Other direct expenses         6 Volunteer labor         7 Direct expense summary. Add lin         8 Net gaming income summary. Su         Enter the state(s) in which the organization licensed to conduct         a Is the organization licensed to conduct         a Were any of the organization's gamin		Yes%       No	□ No	Yes N
	<ul> <li>1 Gross revenue</li> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lin</li> <li>8 Net gaming income summary. Su</li> <li>Enter the state(s) in which the organization licensed to conduce of f "No," explain:</li> </ul>		Yes%       No	□ No	Yes N

Sch	edule G (Form 990) 2023	MILITARY	MISSIONS	IN ACTION	, INC. 2	6-1379308 Page 3
11	Does the organization conduct g	paming activities wit	h nonmembers?			Yes No
12	Is the organization a grantor, ber	neficiary or trustee c	of a trust, or a mem	ber of a partnership	o or other entity formed	
	to administer charitable gaming?	?				Yes No
13	Indicate the percentage of gamir	ng activity conducte	d in:			
а	The organization's facility					
	An outside facility					<b>13b</b> %
14	Enter the name and address of t	he person who prep	pares the organizat	ion's gaming/specia	al events books and records:	
	Name					
	Address					
15a	Does the organization have a co	ntract with a third p	arty from whom th	e organization recei	ves gaming revenue?	Yes No
b	If "Yes," enter the amount of gar				and the amour	nt
	of gaming revenue retained by the			_		
С	If "Yes," enter name and address	s of the third party:				
	Maria					
	Name					
	Address					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employee		dependent contract	or	
17	Mandatory distributions:					
а	Is the organization required unde	er state law to make	charitable distribu	itions from the gam	ing proceeds to	
	retain the state gaming license?					Yes 🗌 No
b	Enter the amount of distributions	s required under sta	te law to be distrib	outed to other exem	pt organizations or spent in th	e
Da	organization's own exempt activ					
Ра					ne 2b, columns (iii) and (v); and	d Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, a	as applicable. Also p	provide any addition	nal information. See	e instructions.	
33208	83 09-13-23				So	chedule G (Form 990) 2023
				33		

	a (Form 990)
Dort IV	Supplan

Part IV	Supplemental Information (continue	d)
_		
		Schedule G (Form 990)

SCHEDULE	Μ
(Form 990)	

Department of the Treasury

Internal Revenue Service

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

Employer identification number

26-1379308

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

#### MILITARY MISSIONS IN ACTION, INC.

Pa	TTI I Types of Property				
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (BUILDING SUPPLI)	X	1	151,690.	FAIR MARKET VALUE
26	Other (CARE PACKAGES)	X	214	110,944.	FAIR MARKET VALUE
27	Other (TEE OFF FOR THE)	X	97		FAIR MARKET VALUE
28	Other (TEE OFF FOR THE)	X	1	5,000.	FAIR MARKET VALUE
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions	

for which the organization completed Form 8283, Part V, Donee Acknowledgement

Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Х 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

LHA 332141 09-11-23

#### Schedule M (Form 990) 2023 MILITARY MISSIONS IN ACTION, INC.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### PART I, OTHER TYPES OF PROPERTY:

TEE OFF FOR THE TROOPS SIGNAGE

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3000.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

## 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



MILITARY MISSIONS IN ACTION, INC. 26-1379308

#### FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ARMED FORCES AND THEIR FAMILIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

VETERAN SUPPORT

EXPENSES \$ 19,054. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAMS

INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,623. EXPENSES \$ 19,273.

FORM 990, PART VI, SECTION B, LINE 11B:

ORGANIZATION'S PROCESS TO REVIEW FORM 990:

DRAFT OF THE 990 IS EMAILED TO THE BOARD FOR REVIEW AND APPROVAL BEFORE

RETURN IS SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION PROCESS FOR TOP OFFICIAL:

CEO COMPENSATION IS REVIEWED BY THE BOARD

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION:

NO DOCUMENTS AVAILABLE TO THE PUBLIC

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule O (Form 990) 2023

332211 11-14-23

37 2023.04030 MILITARY MISSIONS IN ACTI 40059001