

Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Part I For the 2013 calendar year, or tax year beginning and ending

A Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization **MILITARY MISSIONS IN ACTION**

D Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

411B NORTH JUDD PARKWAY NE

City or town State ZIP code

FUQUAY VARINA NC 27526

Foreign country name Foreign province/state/country Foreign postal code

D Employer identification number

26-1379308

E Telephone number

(919)552-1603

G Gross receipts \$

1,138,263

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

H(c) Group exemption number

F Name and address of principal officer:

JIM RILEY 5108 HUNTLEY GROVE CT., FUQUAY VARINA, NC 27526

I Tax-exempt status: 501(c)(3) 501(c) 4947(a)(1) or 527

J Website: www.militarymissionsinaction.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 2008

M State of legal domicile: NC

Part II Summary

1 Briefly describe the organization's mission or most significant activities: **DEDICATED TO ASSISTING VETERANS WITH DISABILITIES, MEMBERS OF THE ARMED FORCES AND THEIR FAMILIES.**

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3

4 Number of independent voting members of the governing body (Part VI, line 1b) 7

5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 2

6 Total number of volunteers (estimate if necessary) 6

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 34 0

8 Contributions and grants (Part VIII, line 1h) 463,850

9 Program service revenue (Part VIII, line 2g) 1,138,263

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 463,850

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 22,881

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

16b Total fundraising expenses (Part IX, column (D), line 25) **24,053**

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 374,084

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 396,965

19 Revenue less expenses. Subtract line 18 from line 12 66,885

20 Total assets (Part X, line 16) 598,524

21 Total liabilities (Part X, line 26) 5,472

22 Net assets or fund balances. Subtract line 21 from line 20 97,957

Beginning of Current Year End of Year

103,429 598,524

5,472 15,895

97,957 582,629

Part III Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

JAMES M RILEY

Type or print name and title

WOOD CHAIR JAMES M RILEY

Print type preparer's name

James Cox

Preparer's signature

JAMES M RILEY

Date

11/14/2014

PTIN

Check if self-employed

P01276825

Firm's name

J.D. Cox and Associates Co., Inc.

Firm's EIN

56-2257542

Phone no.

(919) 380-8378

Check Yes No

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.