

For the [] calendar year 2012 or [] fiscal year beginning [M,M,D,D,Y,Y,Y,Y] and ending [M,M,D,D,Y,Y,Y,Y].

CHECK ONE: Original [] Amended []
Please Type or Print
Name
Employer identification number (EIN)
Number and street or PO Box
AZ transaction privilege tax number
City or town, state and ZIP code

[68] Check box if: [] This is a first return [] Name change [] Address change

A Date Arizona operations began: [M,M,D,D,Y,Y,Y,Y]

B Nature of Arizona activities:

C Federal form filed: [] 990 [] 990-EZ [] Other (specify)

Attach a copy of the organization's federal return.

Nonprofit Medical Marijuana Dispensary (NMMD) only:

D [] NMMD Registry Identification Number:

E What type of entity is the dispensary?

- [] Corporation [] Limited Liability Company (LLC) [] Partnership [] S corporation
[] Sole Proprietorship

F If the dispensary is an LLC, what is the federal tax classification?

- [] Corporation [] Disregarded Entity [] Partnership [] S corporation

If the dispensary is an LLC, a partnership or an S corporation, attach a schedule that lists ownership information including name, address, TIN, and ownership percentage at the end of the tax year.

G Federal form filed: [] 1040 [] 1041 [] 1065 [] 1120 [] 1120-S [] Other (specify)

H [] Check this box if you attached a copy of the dispensary's federal return to its Arizona Form 120S or Form 165 when it was filed; do not attach a copy of the same return to this form. Otherwise, attach a copy of the dispensary's federal return.

CHECK BOX IF: Return filed under extension.

[82] 3-mos. Fed 82 C [] 6-mos. AZ - Fed 82 F []

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

[81]

[66]

Sources of Income

Table with 11 rows for sources of income (Gross sales, Less: Cost of goods sold, Gross profit, Interest, Dividends, Rents and royalties, Gain or (loss) from sales of assets, Dues, assessments, etc., from members, Dues, assessments, etc., from affiliates, Contributions, gifts, grants, etc., received, Other income) and a total line 12.

Administrative Expenses

Table with 9 rows for administrative expenses (Compensation of officers, directors, trustees, etc., Salaries and wages, Interest, Taxes, Rent expense, Depreciation, Miscellaneous expenses) and a total line 20.

Disbursements

Table with 3 rows for disbursements (Disbursements from current income for exempt purposes, Disbursements from principal for exempt purposes, Other disbursements not itemized on Schedule A or Schedule B).

Accumulation of Income

Table with 3 rows for accumulation of income (Accumulation of income in current year, Accumulation of income at beginning of year, Accumulation of income at end of year).

Penalty

Table with 1 row for penalty for late filing or incomplete filing.

THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. ARS § 42-1125(K).

SCHEDULE A – Disbursements From Current Income for Exempt Purposes

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

SCHEDULE B – Disbursements From Principal for Exempt Purposes

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

SCHEDULE C – Balance Sheet

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

Assets			(a) Beginning of Year	(b) End of Year	
C1 Cash			00	C1	00
C2a Accounts receivable.....	C2a	00			
C2b Less: allowance for doubtful accounts	C2b	00			
C2c Line C2a less line C2b. Enter difference in column (b)			00	C2c	00
C3a Other notes and loans receivable – attach schedule.....	C3a	00			
C3b Less: allowance for doubtful accounts	C3b	00			
C3c Line C3a less line C3b. Enter difference in column (b)			00	C3c	00
C4 Inventories			00	C4	00
C5 Investments (securities) – attach schedule.....			00	C5	00
C6 Investments (other) – attach schedule.....			00	C6	00
C7a Land, buildings, and equipment; basis	C7a	00			
C7b Less: accumulated depreciation – attach schedule	C7b	00			
C7c Line C7a less line C7b. Enter difference in column (b)			00	C7c	00
C8 Other assets – describe			00	C8	00
C9 Total assets – add lines C1 through C8.....			00	C9	00
Liabilities					
C10 Accounts payable and accrued expenses			00	C10	00
C11 Mortgages and other notes payable – attach schedule.....			00	C11	00
C12 Other liabilities – describe			00	C12	00
C13 Total liabilities – add lines C10 through C12.....			00	C13	00
Net Assets					
C14 Capital stock or trust principal.....			00	C14	00
C15 Paid-in or capital surplus			00	C15	00
C16 Retained earnings or accumulated income			00	C16	00
C17 Total net assets – add lines C14 through C16			00	C17	00
C18 Total liabilities and net assets – add lines C13 and C17.....			00	C18	00

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1)	EIN
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Certification	Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.		
Please Sign Here	Officer's Signature	Date	Title
Paid Preparer's Use Only	Preparer's Signature	Date	Preparer's PTIN
	Firm's Name (or Preparer's Name, if self-employed)	Firm's <input type="checkbox"/> EIN or <input type="checkbox"/> SSN	
	Firm's Address	ZIP Code	Firm's Telephone Number

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