

For the ☐ calendar year 2013 or ☐ fiscal year beginning M,M,D,D,2,0,1,3 and ending M,M,D,D,Y,Y,Y,Y.

CHECK ONE: <input type="checkbox"/> Original <input type="checkbox"/> Amended Business Telephone Number (with area code)	Name		Employer Identification Number (EIN)	
	Address – number and street or PO Box			
	City, Town or Post Office		State	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.

CHECK BOX IF return filed under extension:

82 82C ☐ 3-month federal

82F ☐ 6-month Arizona/federal

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

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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.**

81 PM

66 RCVD

Sources of Income

1	Gross sales from business activities.....	1		00
2	Less – Cost of goods sold or of operations – attach itemized statement	2		00
3	Gross profit from business activities – subtract line 2 from line 1	3		00
4	Interest.....	4		00
5	Dividends	5		00
6	Rents and royalties	6		00
7	Gain or (loss) from sales of assets, excluding inventory items	7		00
8	Dues, assessments, etc., from members	8		00
9	Dues, assessments, etc., from affiliates	9		00
10	Contributions, gifts, grants, etc., received.....	10		00
11	Other income – attach itemized statement	11		00
12	Total income – add lines 3 through 11	12		00

Administrative Expenses

13	Compensation of officers, directors, trustees, etc.....	13		00
14	Salaries and wages – other than amounts included on line 2	14		00
15	Interest.....	15		00
16	Taxes	16		00
17	Rent expense.....	17		00
18	Depreciation – attach schedule	18		00
19	Miscellaneous expenses – attach itemized statement.....	19		00
20	Total expenses – add lines 13 through 19	20		00

Disbursements

21	Disbursements from current income for exempt purposes – from page 2, line A6.....	21		00
22	Disbursements from principal for exempt purposes – from page 2, line B6	22		00
23	Other disbursements not itemized on Schedule A or Schedule B – attach schedule	23		00

Accumulation of Income

24	Accumulation of income in current year – line 12 less the sum of lines 20, 21, 22, and 23	24		00
25	Accumulation of income at beginning of year	25		00
26	Accumulation of income at end of year – add lines 24 and 25	26		00

Penalty

27	Penalty for late filing or incomplete filing. See instructions.....	27		00
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 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
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
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
C4 Inventories		00	C4
C5 Investments (securities) – attach schedule		00	C5
C6 Investments (other) – attach schedule		00	C6
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
C8 Other assets – describe		00	C8
C9 Total assets – add lines C1 through C8		00	C9
Liabilities			
C10 Accounts payable and accrued expenses		00	C10
C11 Mortgages and other notes payable – attach schedule		00	C11
C12 Other liabilities – describe		00	C12
C13 Total liabilities – add lines C10 through C12		00	C13
Net Assets			
C14 Capital stock or trust principal		00	C14
C15 Paid-in or capital surplus		00	C15
C16 Retained earnings or accumulated income		00	C16
C17 Total net assets – add lines C14 through C16		00	C17
C18 Total liabilities and net assets – add lines C13 and C17		00	C18



PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1)	EIN
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Declaration	Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.		
Please Sign Here	OFFICER'S SIGNATURE	DATE	TITLE
Paid Preparer's Use Only	PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S PTIN
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		FIRM'S <input type="checkbox"/> EIN OR <input type="checkbox"/> SSN
	FIRM'S STREET ADDRESS		FIRM'S TELEPHONE NUMBER
	CITY	STATE	ZIP CODE

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