

For the calendar year 2014 or fiscal year beginning MM,MM,DD,2,0,1,4 and ending MM,MM,DD,2,0,Y,Y.

| | | |
|--|---|--|
| CHECK ONE: <input type="checkbox"/> Original <input type="checkbox"/> Amended | Name _____ | Employer Identification Number (EIN) _____ |
| Business Telephone Number (with area code) _____ | 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: MM,MM,DD,YY,YY

B Nature of Arizona activities: _____

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

Include 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, **include a schedule** that lists the following ownership information: 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 included a copy of the dispensary's federal return with its Arizona Form 120S or Form 165 when it was filed; do not include a copy of the same return with this form. **Otherwise, include a copy of the dispensary's federal return.**

| | |
|--|----------------|
| CHECK BOX IF return filed under extension: | |
| 82 82C <input type="checkbox"/> 3-month federal | |
| 82F <input type="checkbox"/> 6-month Arizona/federal | |
| REVENUE USE ONLY. DO NOT MARK IN THIS AREA. | |
| 88 | |
| 81 PM | 66 RCVD |

Sources of Income

| | | | | |
|----|--|----|--|----|
| 1 | Gross sales from business activities..... | 1 | | 00 |
| 2 | Less cost of goods sold or of operations: Include 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: Include 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: Include schedule..... | 18 | | 00 |
| 19 | Miscellaneous expenses: Include 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: Include 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 |
|----|---|----|--|----|

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

| | |
|---------------------------|-----|
| Name (as shown on page 1) | EIN |
|---------------------------|-----|

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 included schedules and in this column should be end of year amounts.

| | | (a) Beginning of Year | (b) End of Year | |
|--|-----|--------------------------|--------------------|----|
| Assets | | | | |
| 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: Include 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): Include schedule | | 00 | C5 | 00 |
| C6 Investments (other): Include schedule | | 00 | C6 | 00 |
| C7a Land, buildings, and equipment; basis: | C7a | 00 | | |
| C7b Less accumulated depreciation: Include 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: Include 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 |
|---------------------------|-----|

| | | | |
|---------------------------------|--|---|----------------------|
| 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 <input type="checkbox"/> EIN OR <input type="checkbox"/> SSN | |
| | FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) | | |
| | _____ | FIRM'S TELEPHONE NUMBER | |
| | FIRM'S STREET ADDRESS | | |
| | _____ | _____ | _____ |
| | CITY | STATE | ZIP CODE |

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