

For the calendar year 2017 or fiscal year beginning MM, M, D, D, 2, 0, 1, 7 and ending MM, M, D, D, 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, M, D, D, Y, Y, Y, Y
- B Nature of Arizona activities: _____
- C Federal form filed: 990 990-EZ Other (specify) _____

Check box if return filed under extension:
82 82F

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
88

81 PM **66** RCVD

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) _____

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
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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., paid 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., paid 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 reported 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
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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 <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