

For the  calendar year 2016 or  fiscal year beginning MM, M, D, D, 2, 0, 1, 6 and ending MM, M, D, D, 2, 0, Y, Y.

<b>CHECK ONE:</b> <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., 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.

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: 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
C4 Inventories .....			00	C4
C5 Investments (securities): Include schedule .....			00	C5
C6 Investments (other): Include schedule .....			00	C6
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
C8 Other assets (describe): _____			00	C8
C9 <b>Total assets: Add lines C1 through C8</b> .....			00	C9
Liabilities				
C10 Accounts payable and accrued expenses .....			00	C10
C11 Mortgages and other notes payable: Include schedule .....			00	C11
C12 Other liabilities (describe): _____			00	C12
C13 <b>Total liabilities: Add lines C10 through C12</b> .....			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 <b>Total net assets: Add lines C14 through C16</b> .....			00	C17
C18 <b>Total liabilities and net assets: Add lines C13 and C17</b> .....			00	C18

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1)	EIN
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<b>Declaration</b>	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.		
<b>Please Sign Here</b>	<i>Margy Bone</i>		
	OFFICER'S SIGNATURE	DATE	TITLE
<b>Paid Preparer's Use Only</b>	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**