

For the  calendar year 2015 or  fiscal year beginning MM, M, D, D, 2, 0, 1, 5 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** 82C  3-month federal  
 82F  6-month Arizona/federal

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

**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

**81** PM **66** RCVD

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.**

**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).

**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
<b>Assets</b>			
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 <b>Total assets: Add lines C1 through C8</b> .....		00	C9 00
<b>Liabilities</b>			
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 <b>Total liabilities: Add lines C10 through C12</b> .....		00	C13 00
<b>Net Assets</b>			
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 <b>Total net assets: Add lines C14 through C16</b> .....		00	C17 00
C18 <b>Total liabilities and net assets: Add lines C13 and C17</b> .....		00	C18 00

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

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

<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>	_____	_____	_____
	OFFICER'S SIGNATURE	DATE	TITLE
<b>Paid Preparer's Use Only</b>	_____	_____	_____
	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**