

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: [] Original [] Amended
Name
Employer Identification Number (EIN)
Address - number and street or PO Box
Business Telephone Number (with area code)
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.
88

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

Table with 11 rows for Sources of Income (lines 1-11) and a total line (line 12). Columns include description, line number, and amount.

Administrative Expenses

Table with 7 rows for Administrative Expenses (lines 13-19) and a total line (line 20). Columns include description, line number, and amount.

Disbursements

Table with 3 rows for Disbursements (lines 21-23). Columns include description, line number, and amount.

Accumulation of Income

Table with 3 rows for Accumulation of Income (lines 24-26). Columns include description, line number, and amount.

Penalty

Table with 1 row for Penalty (line 27). Columns include description, line number, and amount.

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.

			(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 – 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	00
C4 Inventories			00	C4	00
C5 Investments (securities) – attach schedule.....			00	C5	00
C6 Investments (other) – attach schedule.....			00	C6	00
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	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 – attach 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.

