

For the  calendar year 2010 or  fiscal year beginning MM/DD/YYYY and ending MM/DD/YYYY.

CHECK ONE: Original <input type="checkbox"/> Amended <input type="checkbox"/> Business telephone number	Please <b>Type</b> or <b>Print</b>	Name Number and street or PO Box City or town, state and ZIP code	Employer identification number (EIN) AZ transaction privilege tax number
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**68** Check box if:  This is a first return  Name change  Address change

**82** CHECK BOX IF: Return filed under extension. 3-mos. Fed 82 C  6-mos. AZ - Fed 82 F

A Date Arizona operations began \_\_\_\_\_

B Nature of Arizona activities \_\_\_\_\_

C Check federal form filed:  990  990-EZ  Other (specify) \_\_\_\_\_

Enclose a copy of the organization's federal return.

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

**81** **66**

<b>Sources of Income</b>	1	Gross sales or receipts from business activities.....							
	2	Less: Cost of goods sold or of operations - <i>attach itemized statement</i> .....							
	3	Gross profit from business activities - <i>subtract line 2 from line 1</i> .....							
	4	Interest.....							
	5	Dividends.....							
	6	Rents and royalties.....							
	7	Gain or (loss) from sales of assets, excluding inventory items.....							
	8	Dues, assessments, etc., from members .....							
	9	Dues, assessments, etc., from affiliated organizations .....							
	10	Contributions, gifts, grants, etc., received .....							
	11	Other income - <i>attach itemized statement</i> .....							
	12	Total income - <i>add lines 3 through 11</i> .....						12	00
<b>Administrative Expenses</b>	13	Compensation of officers, directors, trustees, etc. ....							
	14	Salaries and wages - <i>other than amounts included on line 2</i> .....							
	15	Interest.....							
	16	Taxes .....							
	17	Rent expense .....							
	18	Depreciation - <i>attach schedule</i> .....							
	19	Miscellaneous expenses - <i>attach itemized statement</i> .....							
	20	Total expenses - <i>add lines 13 through 19</i> .....						20	00
<b>Disbursements From Current Income for the Organization's Exempt Purposes</b>	21	Dues, assessments, etc., to affiliated corporations .....							
	22	Contributions, gifts, grants, etc., paid .....							
	23	Benefit payments to or for members or their dependents:							
		a. Death, sickness, hospitalization, disability, or pension benefits.....	23a						00
		b. Other benefits.....	23b						00
	24	Dividends and other distributions to members, shareholders, or depositors.....	24						00
	25	Other.....	25						00
	26	Total - <i>add lines 21 through 25</i> .....						26	00
<b>Disbursements From Principal for the Organization's Exempt Purposes</b>	27	Dues, assessments, etc., to affiliated corporations .....							
	28	Contributions, gifts, grants, etc., paid .....							
	29	Benefit payments to or for members or their dependents:							
		a. Death, sickness, hospitalization, disability, or pension benefits.....	29a						00
		b. Other benefits.....	29b						00
	30	Dividends and other distributions to members, shareholders, or depositors.....	30						00
	31	Other.....	31						00
	32	Total - <i>add lines 27 through 31</i> .....						32	00
<b>Other</b>	33	Other disbursements not itemized above - <i>attach schedule</i> .....						33	00
<b>Accumulation of Income</b>	34	Accumulation of income in current year - <i>line 12 less the sum of lines 20, 26, 32, and 33</i> .....						34	00
	35	Accumulation of income at beginning of year.....						35	00
	36	Accumulation of income at end of year - <i>add lines 34 and 35</i> .....						36	00
<b>Penalty</b>	37	Penalty for late filing or incomplete filing. <i>See instructions</i> .....						37	00

Schedule A - 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
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**Assets**

A1	Cash.....		00	A1		00
A2a	Accounts receivable.....	A2a				00
	b Less: allowance for doubtful accounts.....	A2b				00
	c Line A2a less line A2b. Enter difference in column (b).....		00	A2c		00
A3a	Other notes and loans receivable - <i>attach schedule</i> ..	A3a				00
	b Less: allowance for doubtful accounts.....	A3b				00
	c Line A3a less line A3b. Enter difference in column (b).....		00	A3c		00
A4	Inventories .....		00	A4		00
A5	Investments (securities) - <i>attach schedule</i> .....		00	A5		00
A6	Investments (other) - <i>attach schedule</i> .....		00	A6		00
A7a	Land, buildings, and equipment; basis.....	A7a				00
	b Less: accumulated depreciation - <i>attach schedule</i> .....	A7b				00
	c Line A7a less line A7b. Enter difference in column (b).....		00	A7c		00
A8	Other assets - <i>describe</i> .....		00	A8		00
A9	<b>Total assets - add lines A1 through A8</b> .....		00	A9		00

**Liabilities**

A10	Accounts payable and accrued expenses .....		00	A10		00
A11	Mortgages and other notes payable - <i>attach schedule</i> .....		00	A11		00
A12	Other liabilities - <i>describe</i> .....		00	A12		00
A13	<b>Total liabilities - add lines A10 through A12</b> .....		00	A13		00

**Net Assets**

A14	Capital stock or trust principal.....		00	A14		00
A15	Paid-in or capital surplus.....		00	A15		00
A16	Retained earnings or accumulated income.....		00	A16		00
A17	<b>Total net assets - add lines A14 through A16</b> .....		00	A17		00
A18	<b>Total liabilities and net assets - add lines A13 and A17</b> .....		00	A18		00

**Certification** Under penalties of perjury, I declare that I have examined this return, including 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
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Paid Preparer's Use Only

Preparer's signature	Date	Preparer's EIN, PTIN or SSN
Firm's name (or preparer's, if self-employed)	Firm's <input type="checkbox"/> EIN or <input type="checkbox"/> SSN	
Firm's address	Zip code	Firm's telephone number

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