

For the calendar year 2008 or fiscal year beginning [MM,DD,YY,YY] and ending [MM,DD,YY,YY].

CHECK ONE: Original <input type="checkbox"/> Amended <input type="checkbox"/>	Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153	CHECK ONE: Calendar year <input type="checkbox"/> Fiscal year <input type="checkbox"/>
Business telephone number	Name	Employer identification number (EIN)
Please Type or Print	Number and street or PO Box	AZ transaction privilege tax number
City or town, state and ZIP code		

Check box if: This is a first return Name change Address change

CHECK BOX IF: Return filed under extension.	3-mos. Fed 82 C <input type="checkbox"/>	6-mos. AZ - Fed 82 F <input type="checkbox"/>
--	--	---

- A Date Arizona operations began _____
- B Nature of Arizona activities _____
- C Check federal form filed: 990 990-EZ Other (specify) _____

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

Attach copy of federal return.

81	66
----	----

	Sources of Income	1	Gross sales or receipts from business activities.....	1		00
		2	Less: Cost of goods sold or of operations - <i>attach itemized statement</i>	2		00
		3	Gross profit from business activities - <i>subtract line 2 from line 1</i>	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 affiliated organizations.....	9		00
		10	Contributions, gifts, grants, etc., received.....	10		00
		11	Other income - <i>attach itemized statement</i>	11		00
		12	Total income - <i>add lines 3 through 11</i>	12		00
Administrative Expenses		13	Compensation of officers, directors, trustees, etc.....	13		00
		14	Salaries and wages - <i>other than amounts included on line 2</i>	14		00
		15	Interest.....	15		00
		16	Taxes.....	16		00
		17	Rent expense.....	17		00
		18	Depreciation - <i>attach schedule</i>	18		00
		19	Miscellaneous expenses - <i>attach itemized statement</i>	19		00
		20	Total expenses - <i>add lines 13 through 19</i>	20		00
Disbursements from Current Income for the Organization's Exempt Purposes		21	Dues, assessments, etc., to affiliated corporations.....	21		00
		22	Contributions, gifts, grants, etc., paid.....	22		00
		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
Disbursements from Principal for the Organization's Exempt Purposes		27	Dues, assessments, etc., to affiliated corporations.....	27		00
		28	Contributions, gifts, grants, etc., paid.....	28		00
		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
Other		33	Other disbursements not itemized above - <i>attach schedule</i>	33		00
Accumulation of Income		34	Accumulation of income in current year - <i>line 12 minus 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
Penalty		37	Penalty for late filing or incomplete filing. <i>See instructions</i>	37		00

THE EXEMPT ORGANIZATION IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. ARS § 42-1125(K).

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
--	--------------------------	--	--------------------

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 Total assets - <i>add lines A1 through A8</i>		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 Total liabilities - <i>add lines A10 through A12</i>		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 Total net assets - <i>add lines A14 through A16</i>		00	A17		00
A18 Total liabilities and net assets - <i>add lines A13 and A17</i>		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 _____
 Signature of officer _____ Date _____ Title _____

Paid Preparer's Use Only _____
 Preparer's signature _____ Date _____

 Firm's name (or preparer's, if self-employed) _____ Preparer's TIN _____

 Firm's address _____ Zip code _____