

For the calendar year 2006 or

fiscal year beginning MM/DD/YYYY and ending MM/DD/YYYY.

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

CHECK ONE:
Original Amended

CHECK ONE:
Calendar year Fiscal year

Please Type or Print	Name	Employer identification number (EIN)
	Number and street or PO Box	
	City or town, state and ZIP code	AZ transaction privilege tax number

Business telephone number

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

FOR DOR USE ONLY

A Date Arizona operations began _____

B Nature of Arizona activities _____

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

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 - 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 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 - other than amounts included on line 2	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	
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 (\$500.00).....	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		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		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		00
A4 Inventories		00		00
A5 Investments (securities) - <i>attach schedule</i>		00		00
A6 Investments (other) - <i>attach schedule</i>		00		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		00
A8 Other assets - <i>describe</i>		00		00
A9 Total assets - <i>add lines A1 through A8</i>		00		00

Liabilities

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

Net Assets

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