

For taxable year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

CHECK ONE:  
Original  Amended

CHECK ONE:  
Calendar year  Fiscal year

<b>Please Type or Print</b>	Name	Employer identification number (EIN)
	Number and street or PO Box	AZ withholding tax number
	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**

<b>Sources of Income</b>	<b>1</b>	Gross sales or receipts from business activities.....	<b>1</b>		<b>00</b>	
	<b>2</b>	Less: Cost of goods sold or of operations - <i>attach itemized statement</i> .....	<b>2</b>		<b>00</b>	
	<b>3</b>	Gross profit from business activities - subtract line 2 from line 1 .....	<b>3</b>		<b>00</b>	
	<b>4</b>	Interest.....	<b>4</b>		<b>00</b>	
	<b>5</b>	Dividends.....	<b>5</b>		<b>00</b>	
	<b>6</b>	Rents and royalties.....	<b>6</b>		<b>00</b>	
	<b>7</b>	Gain or (loss) from sales of assets, excluding inventory items.....	<b>7</b>		<b>00</b>	
	<b>8</b>	Dues, assessments, etc., from members .....	<b>8</b>		<b>00</b>	
	<b>9</b>	Dues, assessments, etc., from affiliated organizations .....	<b>9</b>		<b>00</b>	
	<b>10</b>	Contributions, gifts, grants, etc., received .....	<b>10</b>		<b>00</b>	
	<b>11</b>	Other income - <i>attach itemized statement</i> .....	<b>11</b>		<b>00</b>	
		<b>12</b>	Total income - <i>add lines 3 through 11</i> .....		<b>12</b>	<b>00</b>
<b>Administrative Expenses</b>	<b>13</b>	Compensation of officers, directors, trustees, etc. ....	<b>13</b>		<b>00</b>	
	<b>14</b>	Salaries and wages - other than amounts included on line 2 .....	<b>14</b>		<b>00</b>	
	<b>15</b>	Interest.....	<b>15</b>		<b>00</b>	
	<b>16</b>	Taxes .....	<b>16</b>		<b>00</b>	
	<b>17</b>	Rent expense .....	<b>17</b>		<b>00</b>	
	<b>18</b>	Depreciation - <i>attach schedule</i> .....	<b>18</b>		<b>00</b>	
	<b>19</b>	Miscellaneous expenses - <i>attach itemized statement</i> .....	<b>19</b>		<b>00</b>	
		<b>20</b>	Total expenses - <i>add lines 13 through 19</i> .....		<b>20</b>	<b>00</b>
	<b>Disbursements from Current Income for the Organization's Exempt Purposes</b>	<b>21</b>	Dues, assessments, etc., to affiliated corporations .....	<b>21</b>		<b>00</b>
<b>22</b>		Contributions, gifts, grants, etc., paid .....	<b>22</b>		<b>00</b>	
<b>23</b>		Benefit payments to or for members or their dependents:				
		a. Death, sickness, hospitalization, disability, or pension benefits .....	<b>23a</b>		<b>00</b>	
b. Other benefits.....		<b>23b</b>		<b>00</b>		
<b>24</b>		Dividends and other distributions to members, shareholders, or depositors .....	<b>24</b>		<b>00</b>	
<b>25</b>		Other.....	<b>25</b>		<b>00</b>	
	<b>26</b>	Total - <i>add lines 21 through 25</i> .....		<b>26</b>	<b>00</b>	
<b>Disbursements from Principal for the Organization's Exempt Purposes</b>	<b>27</b>	Dues, assessments, etc., to affiliated corporations .....	<b>27</b>		<b>00</b>	
	<b>28</b>	Contributions, gifts, grants, etc., paid .....	<b>28</b>		<b>00</b>	
	<b>29</b>	Benefit payments to or for members or their dependents:				
		a. Death, sickness, hospitalization, disability, or pension benefits .....	<b>29a</b>		<b>00</b>	
	b. Other benefits.....	<b>29b</b>		<b>00</b>		
	<b>30</b>	Dividends and other distributions to members, shareholders, or depositors .....	<b>30</b>		<b>00</b>	
	<b>31</b>	Other.....	<b>31</b>		<b>00</b>	
	<b>32</b>	Total - <i>add lines 27 through 31</i> .....		<b>32</b>	<b>00</b>	
<b>Other</b>	<b>33</b>	Other disbursements not itemized above - <i>attach schedule</i> .....	<b>33</b>		<b>00</b>	
<b>Accumulation of Income</b>	<b>34</b>	Accumulation of income in current year - <i>line 12 minus the sum of lines 20, 26, 32, and 33</i> .....	<b>34</b>		<b>00</b>	
	<b>35</b>	Accumulation of income at beginning of year.....	<b>35</b>		<b>00</b>	
	<b>36</b>	Accumulation of income at end of year - <i>add lines 34 and 35</i> .....	<b>36</b>		<b>00</b>	
<b>Penalty</b>	<b>37</b>	Penalty for late filing or incomplete filing ( \$500.00 ) .....	<b>37</b>		<b>00</b>	

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**

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

**Liabilities**

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

**Net Assets**

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

Preparer's signature	Date	
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Firm's name (or preparer's, if self-employed)	Preparer's TIN
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Firm's address	Zip code
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