

For the  calendar year 2016 or  fiscal year beginning MM, M, D, D, 2, 0, 1, 6 and ending MM, M, D, D, 2, 0, Y, Y.

<b>CHECK ONE:</b> <input type="checkbox"/> Original <input type="checkbox"/> Amended	Name		
Business Telephone Number (with area code)	Address – number and street or PO Box		
	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: MM, M, D, D, Y, Y, Y, Y
- B** Nature of Arizona activities: \_\_\_\_\_
- C** Federal form filed:  990  990-EZ  Other (specify) \_\_\_\_\_

Check box if return filed under extension:  
**82** 82F

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, **include a schedule** that lists the following ownership information: 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) \_\_\_\_\_

<b>81</b> PM	<b>66</b> RCVD
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**Sources of Income**

1	Gross sales from business activities.....	1		00
2	Less cost of goods sold or of operations: Include itemized statement .....	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 affiliates .....	9		00
10	Contributions, gifts, grants, etc., received.....	10		00
11	Other income: Include itemized statement .....	11		00
12	Total income: Add lines 3 through 11 .....	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: Include schedule.....	18		00
19	Miscellaneous expenses: Include itemized statement.....	19		00
20	Total expenses: Add lines 13 through 19 .....	20		00

**Disbursements**

21	Disbursements from current income for exempt purposes from page 2, line A6 .....	21		00
22	Disbursements from principal for exempt purposes from page 2, line B6 .....	22		00
23	Other disbursements not itemized on Schedule A or Schedule B: Include schedule .....	23		00

**Accumulation of Income**

24	Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23 .....	24		00
25	Accumulation of income at beginning of year .....	25		00
26	Accumulation of income at end of year: Add lines 24 and 25.....	26		00

**Penalty**

27	Penalty for late filing or incomplete filing. See instructions.....	27		00
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).

Name (as shown on page 1) \_\_\_\_\_

**SCHEDULE A Disbursements From Current Income for Exempt Purposes**

<b>A1</b> Dues, assessments, etc., to affiliates .....	<b>A1</b>		00	
<b>A2</b> Contributions, gifts, grants, etc., paid .....	<b>A2</b>		00	
<b>A3</b> Benefit payments to or for members or their dependents:				
<b>A3a</b> Death, sickness, hospitalization, disability, or pension benefits .....	<b>A3a</b>		00	
<b>A3b</b> Other benefits.....	<b>A3b</b>		00	
<b>A4</b> Dividends and other distributions to members, shareholders, or depositors .....	<b>A4</b>		00	
<b>A5</b> Other.....	<b>A5</b>		00	
<b>A6</b> Total: Add lines A1 through A5. Enter total here and on page 1, line 21 .....	<b>A6</b>			00

**SCHEDULE B Disbursements From Principal for Exempt Purposes**

<b>B1</b> Dues, assessments, etc., to affiliates .....	<b>B1</b>		00	
<b>B2</b> Contributions, gifts, grants, etc., paid .....	<b>B2</b>		00	
<b>B3</b> Benefit payments to or for members or their dependents:				
<b>B3a</b> Death, sickness, hospitalization, disability, or pension benefits .....	<b>B3a</b>		00	
<b>B3b</b> Other benefits.....	<b>B3b</b>		00	
<b>B4</b> Dividends and other distributions to members, shareholders, or depositors .....	<b>B4</b>		00	
<b>B5</b> Other.....	<b>B5</b>		00	
<b>B6</b> Total: Add lines B1 through B5. Enter total here and on page 1, line 22 .....	<b>B6</b>			00

**SCHEDULE C Balance Sheet**

**NOTE:** Amounts used in included schedules and in this column should be end of year amounts.

		(a) Beginning of Year		(b) End of Year	
<b>Assets</b>					
<b>C1</b> Cash .....			00	<b>C1</b>	00
<b>C2a</b> Accounts receivable.....	<b>C2a</b>		00		
<b>C2b</b> Less allowance for doubtful accounts .....	<b>C2b</b>		00		
<b>C2c</b> Line C2a less line C2b. Enter difference in column (b).....			00	<b>C2c</b>	00
<b>C3a</b> Other notes and loans receivable: Include schedule.....	<b>C3a</b>		00		
<b>C3b</b> Less allowance for doubtful accounts .....	<b>C3b</b>		00		
<b>C3c</b> Line C3a less line C3b. Enter difference in column (b).....			00	<b>C3c</b>	00
<b>C4</b> Inventories .....			00	<b>C4</b>	00
<b>C5</b> Investments (securities): Include schedule.....			00	<b>C5</b>	00
<b>C6</b> Investments (other): Include schedule.....			00	<b>C6</b>	00
<b>C7a</b> Land, buildings, and equipment; basis: .....	<b>C7a</b>		00		
<b>C7b</b> Less accumulated depreciation: Include schedule ...	<b>C7b</b>		00		
<b>C7c</b> Line C7a less line C7b. Enter difference in column (b).....			00	<b>C7c</b>	00
<b>C8</b> Other assets (describe): _____			00	<b>C8</b>	00
<b>C9</b> <b>Total assets: Add lines C1 through C8</b> .....			00	<b>C9</b>	00
<b>Liabilities</b>					
<b>C10</b> Accounts payable and accrued expenses .....			00	<b>C10</b>	00
<b>C11</b> Mortgages and other notes payable: Include schedule .....			00	<b>C11</b>	00
<b>C12</b> Other liabilities (describe): _____			00	<b>C12</b>	00
<b>C13</b> <b>Total liabilities: Add lines C10 through C12</b> .....			00	<b>C13</b>	00
<b>Net Assets</b>					
<b>C14</b> Capital stock or trust principal.....			00	<b>C14</b>	00
<b>C15</b> Paid-in or capital surplus .....			00	<b>C15</b>	00
<b>C16</b> Retained earnings or accumulated income .....			00	<b>C16</b>	00
<b>C17</b> <b>Total net assets: Add lines C14 through C16</b> .....			00	<b>C17</b>	00
<b>C18</b> <b>Total liabilities and net assets: Add lines C13 and C17</b> .....			00	<b>C18</b>	00



PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

