

For the  calendar year 2012 or  fiscal year beginning MM.D.D.Y.Y.Y.Y and ending MM.D.D.Y.Y.Y.Y.

CHECK ONE: Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/>	Please Type or Print	Name <b>Buffalo Foundation Inc.</b>	Employer identification number (EIN) <b>77 0668356</b>
		Number and street or PO Box <b>PO Box 27405</b>	AZ transaction privilege tax number <b>None</b>
		City or town, state and ZIP code <b>Tempe, AZ 85285-7405</b>	

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

A Date Arizona operations began: 10.17.01 **2007**

B Nature of Arizona activities: Raise \$\$\$ to support Tempe High School Activities

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

**Attach a copy of the organization's federal return.**

CHECK BOX IF: Return filed under extension.

3-mos. Fed 82 C  6-mos. AZ - Fed 82 F

**82**

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

**81** **66**

**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, **attach a schedule** that lists ownership information including 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) \_\_\_\_\_

H  Check this box if you attached a copy of the dispensary's federal return to its Arizona Form 120S or Form 165 when it was filed; do not attach a copy of the same return to this form. **Otherwise, attach a copy of the dispensary's federal return.**

**Sources of Income**

1	Gross sales from business activities.....	0 00
2	Less: Cost of goods sold or of operations – attach itemized statement .....	0 00
3	Gross profit from business activities – subtract line 2 from line 1.....	0 00
4	Interest.....	31 00
5	Dividends.....	0 00
6	Rents and royalties.....	0 00
7	Gain or (loss) from sales of assets, excluding inventory items.....	0 00
8	Dues, assessments, etc., from members .....	0 00
9	Dues, assessments, etc., from affiliates .....	0 00
10	Contributions, gifts, grants, etc., received.....	42,630 00
11	Other income – attach itemized statement.....	24,035 00
12	<b>Total income – add lines 3 through 11 .....</b>	<b>66,696 00</b>

**Administrative Expenses**

13	Compensation of officers, directors, trustees, etc.....	0 00
14	Salaries and wages – other than amounts included on line 2 .....	0 00
15	Interest.....	0 00
16	Taxes .....	0 00
17	Rent expense.....	0 00
18	Depreciation – attach schedule .....	0 00
19	Miscellaneous expenses – attach itemized statement.....	1,682 00
20	<b>Total expenses – add lines 13 through 19 .....</b>	<b>1,682 00</b>

**Disbursements**

21	Disbursements from current income for exempt purposes – from page 2, line A6.....	20,793 00
22	Disbursements from principal for exempt purposes – from page 2, line B6.....	0 00
23	Other disbursements not itemized on Schedule A or Schedule B – attach schedule .....	10,270 00

**Accumulation of Income**

24	Accumulation of income in current year – line 12 less the sum of lines 20, 21, 22, and 23 .....	33,951 00
25	Accumulation of income at beginning of year.....	98,020 00
26	<b>Accumulation of income at end of year – add lines 24 and 25 .....</b>	<b>131,971 00</b>

**Penalty**

27	Penalty for late filing or incomplete filing. See instructions.....	200 00
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. ARS § 42-1125(K).

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

A1 Dues, assessments, etc., to affiliates .....	A1	0	00	
A2 Contributions, gifts, grants, etc., paid .....	A2	20,793	00	
A3 Benefit payments to or for members or their dependents:				
A3a Death, sickness, hospitalization, disability, or pension benefits .....	A3a	0	00	
A3b Other benefits .....	A3b	0	00	
A4 Dividends and other distributions to members, shareholders, or depositors .....	A4	0	00	
A5 Other .....	A5	0	00	
A6 <b>Total - add lines A1 through A5. Enter total here and on page 1, line 21</b> .....	A6	20,793	00	

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

B1 Dues, assessments, etc., to affiliates .....	B1	0	00	
B2 Contributions, gifts, grants, etc., paid .....	B2	0	00	
B3 Benefit payments to or for members or their dependents:				
B3a Death, sickness, hospitalization, disability, or pension benefits .....	B3a	0	00	
B3b Other benefits .....	B3b	0	00	
B4 Dividends and other distributions to members, shareholders, or depositors .....	B4	0	00	
B5 Other .....	B5	0	00	
B6 <b>Total - add lines B1 through B5. Enter total here and on page 1, line 22</b> .....	B6	0	00	

**SCHEDULE C – Balance Sheet**

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

Assets		(a) Beginning of Year		(b) End of Year	
C1 Cash .....		98,020	00	C1	131,971
C2a Accounts receivable .....	C2a	0	00		
C2b Less: allowance for doubtful accounts .....	C2b	0	00		
C2c Line C2a less line C2b. Enter difference in column (b) .....		0	00	C2c	0
C3a Other notes and loans receivable – <i>attach schedule</i> .....	C3a	0	00		
C3b Less: allowance for doubtful accounts .....	C3b	0	00		
C3c Line C3a less line C3b. Enter difference in column (b) .....		0	00	C3c	0
C4 Inventories .....		0	00	C4	0
C5 Investments (securities) – <i>attach schedule</i> .....		0	00	C5	0
C6 Investments (other) – <i>attach schedule</i> .....		0	00	C6	0
C7a Land, buildings, and equipment; basis .....	C7a	0	00		
C7b Less: accumulated depreciation – <i>attach schedule</i> .....	C7b	0	00		
C7c Line C7a less line C7b. Enter difference in column (b) .....		0	00	C7c	0
C8 Other assets – <i>describe</i> .....		0	00	C8	0
C9 <b>Total assets – add lines C1 through C8</b> .....		98,020	00	C9	131,971
<b>Liabilities</b>					
C10 Accounts payable and accrued expenses .....		0	00	C10	0
C11 Mortgages and other notes payable – <i>attach schedule</i> .....		0	00	C11	0
C12 Other liabilities – <i>describe</i> .....		0	00	C12	0
C13 <b>Total liabilities – add lines C10 through C12</b> .....		0	00	C13	0
<b>Net Assets</b>					
C14 Capital stock or trust principal .....		0	00	C14	0
C15 Paid-in or capital surplus .....		0	00	C15	0
C16 Retained earnings or accumulated income .....		98,020	00	C16	131,971
C17 <b>Total net assets – add lines C14 through C16</b> .....		98,020	00	C17	131,971
C18 <b>Total liabilities and net assets – add lines C13 and C17</b> .....		98,020	00	C18	131,971

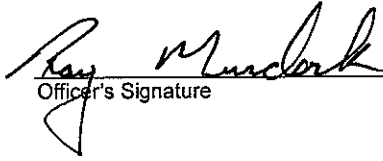
**PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.**

Name (as shown on page 1)  
Buffalo Foundation Inc.

EIN  
77 0668356

**Certification** Under penalties of perjury, I declare that I have examined this return, including the 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

7/1/13  
\_\_\_\_\_  
Date

Treasurer  
\_\_\_\_\_  
Title

**Paid**  
**Preparer's**  
**Use Only**

\_\_\_\_\_  
Preparer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer's PTIN

\_\_\_\_\_  
Firm's Name (or Preparer's Name, if self-employed)

Firm's  EIN or  SSN

\_\_\_\_\_  
Firm's Address

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Firm's Telephone Number

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



◆ BUFFALO FOUNDATION, INC. ◆

**2012 Arizona Form 99 - Buffalo Foundation Inc. (#77 0668356)**  
Supplementary Statement

**AZ Form 99 - Line 11 (Other Income)**

	<u>2012</u>
Buffalo Classic(May 2012) Golf Tournament - Fundraiser	\$10,265
Mayor's Run(January 2012) - Fundraiser	13,770
Total - Other Income (Line 11)	<u>\$24,035</u>

**AZ Form 99 - Line 19 (Misc Expenses)**

	<u>2012</u>
Annual Dues(AZ Corp. Commission)	\$10
Annual Dues(PO Box - Tempe)	70
Postage/Checks/Printing/Stationary	44
Office Supplies	236
Board Mtg Expenses	264
Advertising - THS Program Guide	300
Credit Card Service Charges & Fees	360
Laptop/Printer Equipment & Supplies	398
Total - Miscellaneous Expenses (Line 19)	<u>\$1,682</u>