

For the calendar year 2013 or fiscal year beginning MM/DD/2013 and ending MM/DD/Y,Y,Y,Y

CHECK ONE: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name Buffalo Foundation Inc.	Employer Identification Number (EIN) 77 0668356
	Address - number and street or PO Box PO Box 27405	
Business Telephone Number (with area code)	City, Town or Post Office Tempe	State ZIP Code AZ 85287-7405

68 Check box if: This is a first return Name change Address change
 A Date Arizona operations began: 10/7/01 2,0,0,7
 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:
 82 a2C 3-month federal
 a2F 6-month Arizona/federal

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM **66** RCVD

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.....	1	000
2	Less - Cost of goods sold or of operations - attach itemized statement	2	000
3	Gross profit from business activities - subtract line 2 from line 1.....	3	000
4	Interest.....	4	3800
5	Dividends.....	5	000
6	Rents and royalties.....	6	000
7	Gain or (loss) from sales of assets, excluding inventory items.....	7	000
8	Dues, assessments, etc., from members.....	8	000
9	Dues, assessments, etc., from affiliates.....	9	000
10	Contributions, gifts, grants, etc., received.....	10	54,54500
11	Other income - attach itemized statement.....	11	16,67500
12	Total income - add lines 3 through 11.....	12	71,25800

Administrative Expenses

13	Compensation of officers, directors, trustees, etc.....	13	000
14	Salaries and wages - other than amounts included on line 2.....	14	000
15	Interest.....	15	000
16	Taxes.....	16	000
17	Rent expense.....	17	000
18	Depreciation - attach schedule.....	18	000
19	Miscellaneous expenses - attach itemized statement.....	19	3,23800
20	Total expenses - add lines 13 through 19.....	20	3,23800

Disbursements

21	Disbursements from current income for exempt purposes - from page 2, line A6.....	21	23,60300
22	Disbursements from principal for exempt purposes - from page 2, line B6.....	22	000
23	Other disbursements not itemized on Schedule A or Schedule B - attach schedule.....	23	7,79300

Accumulation of Income

24	Accumulation of income in current year - line 12 less the sum of lines 20, 21, 22, and 23.....	24	36,62400
25	Accumulation of income at beginning of year.....	25	131,97100
26	Accumulation of income at end of year - add lines 24 and 25.....	26	168,59500

Penalty

27	Penalty for late filing or incomplete filing. See instructions.....	27	000
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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).

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	23,603	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	Total – add lines A1 through A5. Enter total here and on page 1, line 21	A6	23,603	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	Total – add lines B1 through B5. Enter total here and on page 1, line 22	B6	0	00

SCHEDULE C – Balance Sheet

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

		(a)		(b)	
		Beginning of Year		End of Year	
Assets					
C1	Cash	131,971	00	C1	168,595
C2a	Accounts receivable	0	00		
C2b	Less – allowance for doubtful accounts	0	00		
C2c	Line C2a less line C2b. Enter difference in column (b)	0	00	C2c	0
C3a	Other notes and loans receivable – attach schedule	0	00		
C3b	Less – allowance for doubtful accounts	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) – attach schedule	0	00	C5	0
C6	Investments (other) – attach schedule	0	00	C6	0
C7a	Land, buildings, and equipment; basis	0	00		
C7b	Less – accumulated depreciation – attach schedule	0	00		
C7c	Line C7a less line C7b. Enter difference in column (b)	0	00	C7c	0
C8	Other assets – describe	0	00	C8	0
C9	Total assets – add lines C1 through C8	131,971	00	C9	168,595
Liabilities					
C10	Accounts payable and accrued expenses	0	00	C10	0
C11	Mortgages and other notes payable – attach schedule	0	00	C11	0
C12	Other liabilities – describe	0	00	C12	0
C13	Total liabilities – add lines C10 through C12	0	00	C13	0
Net Assets					
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	131,971	00	C16	168,595
C17	Total net assets – add lines C14 through C16	131,971	00	C17	168,595
C18	Total liabilities and net assets – add lines C13 and C17	131,971	00	C18	168,595

 PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

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

EIN
77 0668356

Declaration

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

Ray M. Murock 5/14/14 Treasurer
OFFICER'S SIGNATURE DATE TITLE

Paid
Preparer's
Use
Only

PAID PREPARER'S SIGNATURE DATE PAID PREPARER'S PTIN
FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) FIRM'S EIN OR SSN
FIRM'S STREET ADDRESS FIRM'S TELEPHONE NUMBER
CITY STATE ZIP CODE

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



◆ BUFFALO FOUNDATION, INC. ◆

2013 Arizona Form 99 - Buffalo Foundation Inc. (#77 0668356)
Supplementary Statement

AZ Form 99 - Line 11 (Other Income)

	<u>2013</u>
Buffalo Classic(May 2013) Golf Tournament - Fundraiser	\$10,854
Mayor's Run(January 2013) - Fundraiser	5,821
Total - Other Income (Line 11)	<u>\$16,675</u>

AZ Form 99 - Line 19 (Misc Expenses)

	<u>2013</u>
Annual Dues(AZ Corp. Commission)	\$10
Annual Dues(PO Box - Tempe)	115
AZ Form 99 Filing Fee for 2012	200
Postage/Checks/Printing/Stationary	645
Office Supplies	376
Board Mtg Expenses	377
Credit Card Service Charges & Fees	541
Laptop/Printer Equipment & Supplies	974
Total - Miscellaneous Expenses (Line 19)	<u>\$3,238</u>

AZ Form 99 - Line 23 (Other Disbursements)

	<u>2013</u>
Mayor's Run/PF Chang - Hot Beverages for Runners	\$49
Golf - Credit Card Service Charges & Fees	129
Golf Tournament - Fees	4,047
Golf Food Expense	1,982
Golf Awards & Prizes & Silent Auction Items	824
Golf - Sponsor Signs/Banners	762
Total - Other Disbursements (Line 23)	<u>\$7,793</u>