

For the calendar year 2016 or fiscal year beginning MM/DD/YY 12/01/16 and ending MM/DD/YY 12/01/16.

CHECK ONE: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name Buffalo Foundation Inc.	Employer Identification Number (EIN) 770668356
Business Telephone Number (with area code)	Address - number and street or PO Box PO Box 27405	
	City, Town or Post Office Tempe	State ZIP Code AZ 85285-7405
68 Check box if: <input type="checkbox"/> This is a first return <input type="checkbox"/> Name change <input type="checkbox"/> Address change A Date Arizona operations began: <u>MM/DD/YY 10/7/01</u> B Nature of Arizona activities: <u>Raise \$\$ to support Tempe High School Activities</u> C Federal form filed: <input type="checkbox"/> 990 <input checked="" type="checkbox"/> 990-EZ <input type="checkbox"/> Other (specify) _____		Check box if return filed under extension: <input checked="" type="checkbox"/> 82 <input type="checkbox"/> 82F <input type="checkbox"/>

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, 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) _____

Sources of Income

1	Gross sales from business activities.....	1	0.00	
2	Less cost of goods sold or of operations: Include itemized statement.....	2	0.00	
3	Gross profit from business activities: Subtract line 2 from line 1.....	3	0.00	
4	Interest.....	4	280.00	
5	Dividends.....	5	0.00	
6	Rents and royalties.....	6	0.00	
7	Gain or (loss) from sales of assets, excluding inventory items.....	7	0.00	
8	Dues, assessments, etc., from members.....	8	0.00	
9	Dues, assessments, etc., from affiliates.....	9	0.00	
10	Contributions, gifts, grants, etc., received.....	10	96,292.00	
11	Other income: Include itemized statement.....	11	21,008.00	
12	Total income: Add lines 3 through 11.....	12	117,580.00	

Administrative Expenses

13	Compensation of officers, directors, trustees, etc.....	13	0.00	
14	Salaries and wages other than amounts included on line 2.....	14	0.00	
15	Interest.....	15	0.00	
16	Taxes.....	16	0.00	
17	Rent expense.....	17	0.00	
18	Depreciation: Include schedule.....	18	0.00	
19	Miscellaneous expenses: Include itemized statement.....	19	1,806.00	
20	Total expenses: Add lines 13 through 19.....	20	1,806.00	

Disbursements

21	Disbursements from current income for exempt purposes from page 2, line A6.....	21	28,878.00	
22	Disbursements from principal for exempt purposes from page 2, line B6.....	22	0.00	
23	Other disbursements not itemized on Schedule A or Schedule B: Include schedule.....	23	25,364.00	

Accumulation of Income

24	Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23.....	24	61,532.00	
25	Accumulation of income at beginning of year.....	25	201,720.00	
26	Accumulation of income at end of year: Add lines 24 and 25.....	26	263,252.00	

Penalty

27	Penalty for late filing or incomplete filing. See instructions.....	27	0.00	
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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)	EIN
Buffalo Foundation Inc.	770668356

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	28,878	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	28,878	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 included schedules and in this column should be end of year amounts.

		(a)		(b)	
		Beginning of Year		End of Year	
Assets					
C1 Cash		201,720	00	C1	263,252
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	C2c	0
C3a Other notes and loans receivable: Include schedule	C3a	0	00		
C3b Less allowance for doubtful accounts	C3b		00		
C3c Line C3a less line C3b. Enter difference in column (b)			0	C3c	0
C4 Inventories			0	C4	0
C5 Investments (securities): Include schedule			0	C5	0
C6 Investments (other): Include schedule			0	C6	0
C7a Land, buildings, and equipment; basis:	C7a	0	00		
C7b Less accumulated depreciation: Include schedule ...	C7b		0		
C7c Line C7a less line C7b. Enter difference in column (b)			0	C7c	0
C8 Other assets (describe): _____			0	C8	0
C9 Total assets: Add lines C1 through C8		201,720	00	C9	263,252
Liabilities					
C10 Accounts payable and accrued expenses			0	C10	0
C11 Mortgages and other notes payable: Include schedule			0	C11	0
C12 Other liabilities (describe): _____			0	C12	0
C13 Total liabilities: Add lines C10 through C12			0	C13	0
Net Assets					
C14 Capital stock or trust principal.....			0	C14	0
C15 Paid-in or capital surplus			0	C15	0
C16 Retained earnings or accumulated income		201,720	00	C16	263,252
C17 Total net assets: Add lines C14 through C16		201,720	00	C17	263,252
C18 Total liabilities and net assets: Add lines C13 and C17		201,720	00	C18	263,252

 PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

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

EIN
770668356

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. Murdoch
OFFICER'S SIGNATURE

5/12/17
DATE

Treasurer
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. ◆

2016 Arizona Form 99 - Buffalo Foundation Inc. (#77 0668356)
Supplementary Statement

AZ Form 99 - Line 11 (Other Income)

2016

Buffalo Classic(May 2016) Golf Tournament - Fundraiser	\$15,654
THS Hall of Fame(April 2016) - Sponsorship/Fundraiser	3,795
THS Homecoming Activities(Oct 2016) - Fundraiser	1,244
THS Alumni Apparel - Fundraiser	315
Total - Other Income (Line 11)	<u>\$21,008</u>

AZ Form 99 - Line 19 (Misc Expenses)

2016

Annual Dues(AZ Corp. Commission)	\$10
Annual Dues(PO Box - Tempe)	82
Postage/Checks/Printing/Stationary	634
Office Supplies	688
Credit Card Service Charges & Fees	392
Total - Miscellaneous Expenses (Line 19)	<u>\$1,806</u>

AZ Form 99 - Line 23 (Other Disbursements)

2016

Doug Conley Invitational Sponsorship	\$10,000
Golf Tournament - Fees	\$5,725
Golf Food Expense	2,060
Golf - Sponsor Signs/Banners	531
Golf Awards & Prizes & Silent Auction Items	190
Golf - Credit Card Service Charges & Fees	178
THS HOF - Banquet	2,030
THS HOF - Awards	1,641
Membership Cards	1,750
THS Alumni Apparel	1,259
Total - Other Disbursements (Line 23)	<u>\$25,364</u>

