

For the  calendar year 2017 or  fiscal year beginning 12,0,1,7 and ending 12,0,1,7

<b>CHECK ONE:</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name <b>Buffalo Foundation Inc.</b>	Employer Identification Number (EIN) <b>770668356</b>
	Address – number and street or PO Box <b>PO Box 27405</b>	
Business Telephone Number (with area code)	City, Town or Post Office <b>Tempe</b>	State ZIP Code <b>AZ 85285-7405</b>

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

A Date Arizona operations began: 10,7,10,12,0,0,7

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

**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	319.00	
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	11,565.00	
11	Other income: Include itemized statement.....	11	12,983.00	
12	Total income: Add lines 3 through 11.....	12	24,867.00	

**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	2,305.00	
20	Total expenses: Add lines 13 through 19.....	20	2,305.00	

**Disbursements**

21	Disbursements from current income for exempt purposes from page 2, line A6.....	21	9,780.00	
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	7,063.00	

**Accumulation of Income**

24	Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23.....	24	5,719.00	
25	Accumulation of income at beginning of year.....	25	263,252.00	
26	Accumulation of income at end of year: Add lines 24 and 25.....	26	268,971.00	

**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) Buffalo Foundation Inc.	EIN 770668356
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**SCHEDULE A Disbursements From Current Income for Exempt Purposes**

A1 Dues, assessments, etc., paid to affiliates.....	A1	0	00	
A2 Contributions, gifts, grants, etc., paid .....	A2	9,780	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	9,780	00	

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

B1 Dues, assessments, etc., paid 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 reported in included schedules and in this column should be end of year amounts.

		(a)		(b)	
		Beginning of Year		End of Year	
<b>Assets</b>					
C1 Cash .....		263,252	00	c1	268,971 00
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 00
C3a Other notes and loans receivable: Include schedule .....	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 00
C4 Inventories .....		0	00	C4	0 00
C5 Investments (securities): Include schedule.....		0	00	C5	0 00
C6 Investments (other): Include schedule .....		0	00	C6	0 00
C7a Land, buildings, and equipment; basis: .....	C7a	0	00		
C7b Less accumulated depreciation: Include schedule ...	C7b	0	00		
C7c Line C7a less line C7b. Enter difference in column (b).....		0	00	C7c	0 00
C8 Other assets (describe): .....		0	00	C8	0 00
C9 <b>Total assets: Add lines C1 through C8 .....</b>		263,252	00	C9	268,971 00
<b>Liabilities</b>					
C10 Accounts payable and accrued expenses .....		0	00	C10	0 00
C11 Mortgages and other notes payable: Include schedule .....		0	00	C11	0 00
C12 Other liabilities (describe): .....		0	00	C12	0 00
C13 <b>Total liabilities: Add lines C10 through C12.....</b>		0	00	C13	0 00
<b>Net Assets</b>					
C14 Capital stock or trust principal.....		0	00	C14	0 00
C15 Paid-in or capital surplus .....		0	00	C15	0 00
C16 Retained earnings or accumulated income .....		263,252	00	C16	268,971 00
C17 <b>Total net assets: Add lines C14 through C16.....</b>		263,252	00	C17	268,971 00
C18 <b>Total liabilities and net assets: Add lines C13 and C17 .....</b>		263,252	00	C18	268,971 00



PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1) <b>Buffalo Foundation Inc.</b>	EIN <b>770668356</b>
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<b>Declaration</b>	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.		
<b>Please Sign Here</b>		<u>5/12/18</u>	<u>Treasurer</u>
	OFFICER'S SIGNATURE	DATE	TITLE
<b>Paid Preparer's Use Only</b>	PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S PTIN
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)	FIRM'S <input type="checkbox"/> EIN OR <input type="checkbox"/> 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. ◆

**2017 Arizona Form 99 - Buffalo Foundation Inc. (#77 0668356)**  
Supplementary Statement

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

**2017**

Buffalo Classic(April 2017) Golf Tournament - Fundraiser	\$11,376
THS Homecoming Activities(Oct 2017) - Fundraiser	1,528
THS Alumni Apparel - Fundraiser	79

Total - Other Income (Line 11)

**\$12,983**

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

**2017**

Annual Dues(AZ Corp. Commission)	\$10
Annual Dues(PO Box - Tempe)	94
Postage/Checks/Printing/Stationary	989
Office Supplies	710
Credit Card Service Charges & Fees	502

**\$2,305**

Total - Miscellaneous Expenses (Line 19)

**AZ Form 99 - Line 23 (Other Disbursements)**

**2017**

Golf Tournament - Fees	\$3,841
Golf Food Expense	1,742
Golf - Sponsor Signs/Banners	400
Golf Awards & Prizes & Silent Auction Items	147
Golf - Credit Card Service Charges & Fees	124
THS Ring of Honor Banquet - Deposit	500
Membership Cards	309

**\$7,063**

Total - Other Disbursements (Line 23)