

For the  calendar year 2015 or  fiscal year beginning [ 2, 0, 1, 5 ] and ending [ 2, 0, ]

CHECK ONE: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name <b>Buffalo Foundation Inc.</b>	Employer Identification Number (EIN) <b>77 0668356</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 85287-7405</b>

CHECK BOX IF return filed under extension:  
 82C  3-month federal  
 82F  6-month Arizona/federal

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM  66 RCVD

- 68 Check box if:  This is a first return  Name change  Address change
- A Date Arizona operations began: [ 0, 7, 0, 1, 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) \_\_\_\_\_

Include a copy of the organization's federal return.

**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) \_\_\_\_\_
- H  Check this box if you included a copy of the dispensary's federal return with its Arizona Form 120S or Form 165 when it was filed; do not include a copy of the same return with this form. **Otherwise, include a copy of the dispensary's federal return.**

**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	269	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	9,718	00
11	Other income: Include itemized statement.....	11	36,278	00
12	Total income: Add lines 3 through 11.....	12		46,265 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	3,043	00
20	Total expenses: Add lines 13 through 19.....	20		3,043 00

**Disbursements**

21	Disbursements from current income for exempt purposes from page 2, line A6.....	21	23,221	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	23,404	00

**Accumulation of Income**

24	Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23.....	24	-3,403	00
25	Accumulation of income at beginning of year.....	25	205,123	00
26	Accumulation of income at end of year: Add lines 24 and 25.....	26	201,720	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).

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

A1 Dues, assessments, etc., to affiliates .....	A1		00	
A2 Contributions, gifts, grants, etc., paid .....	A2	23,221	00	
A3 Benefit payments to or for members or their dependents:				
A3a Death, sickness, hospitalization, disability, or pension benefits .....	A3a		00	
A3b Other benefits.....	A3b		00	
A4 Dividends and other distributions to members, shareholders, or depositors .....	A4		00	
A5 Other.....	A5		00	
A6 Total: Add lines A1 through A5. Enter total here and on page 1, line 21.....	A6	23,221	00	

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

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


**SCHEDULE C Balance Sheet**

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

Assets			(a) Beginning of Year	(b) End of Year
C1 Cash .....			205,123	201,720
C2a Accounts receivable.....	C2a	00		
C2b Less allowance for doubtful accounts .....	C2b	00		
C2c Line C2a less line C2b. Enter difference in column (b).....			00	00
C3a Other notes and loans receivable: Include schedule .....	C3a	00		
C3b Less allowance for doubtful accounts .....	C3b	00		
C3c Line C3a less line C3b. Enter difference in column (b).....			00	00
C4 Inventories .....			00	00
C5 Investments (securities): Include schedule.....			00	00
C6 Investments (other): Include schedule.....			00	00
C7a Land, buildings, and equipment; basis: .....	C7a	00		
C7b Less accumulated depreciation: Include schedule ...	C7b	00		
C7c Line C7a less line C7b. Enter difference in column (b).....			00	00
C8 Other assets (describe): .....			00	00
C9 <b>Total assets: Add lines C1 through C8 .....</b>			<b>205,123</b>	<b>201,720</b>
Liabilities				
C10 Accounts payable and accrued expenses .....			00	00
C11 Mortgages and other notes payable: Include schedule .....			00	00
C12 Other liabilities (describe): .....			00	00
C13 <b>Total liabilities: Add lines C10 through C12 .....</b>			<b>00</b>	<b>00</b>
Net Assets				
C14 Capital stock or trust principal.....			00	00
C15 Paid-in or capital surplus .....			00	00
C16 Retained earnings or accumulated income .....			205,123	201,720
C17 <b>Total net assets: Add lines C14 through C16.....</b>			<b>205,123</b>	<b>201,720</b>
C18 <b>Total liabilities and net assets: Add lines C13 and C17 .....</b>			<b>205,123</b>	<b>201,720</b>

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1)	EIN
Buffalo Foundation Inc.	77 0668356

<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>	 OFFICER'S SIGNATURE	7/29/16 DATE	Treasurer 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. ◆

**2015 Arizona Form 99 - Buffalo Foundation Inc. (#77 0668356)**  
Supplementary Statement

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

	<u>2015</u>
Buffalo Classic(May 2015) Golf Tournament - Fundraiser	\$12,726
Doug Conley Invitational(Oct 2015) - Sponsorship/Fundraiser	18,025
THS Hall of Fame(April 2015) - Sponsorship/Fundraiser	1,720
THS Homecomming Activities(Oct 2015) - Fundraiser	730
BF Membership Cards - Fundraiser	1,965
THS Alumni Apparel - Fundraiser	1,112
Total - Other Income (Line 11)	<u><u>\$36,278</u></u>

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

	<u>2015</u>
Annual Dues(AZ Corp. Commission)	\$10
Annual Dues(PO Box - Tempe)	150
Tempe Diablos	250
Postage/Checks/Printing/Stationary	939
Office Supplies	171
M. Yslas(Principal) Recognition Banquet	604
Credit Card Service Charges & Fees	419
Mary Lou Fulton - In Memory	500
Total - Miscellaneous Expenses (Line 19)	<u><u>\$3,043</u></u>

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

	<u>2015</u>
Invitational - Timing Svcs/Finish Line Set-up	\$7,983
Invitational - Awards & Trophies	\$1,970
Invitational - Parking / Security	\$2,500
Invitational - Port-a-Johns	\$987
Golf - Credit Card Service Charges & Fees	138
Golf Tournament - Fees	3,885
Golf Food Expense	1,594
Golf Awards & Prizes & Silent Auction Items	68
Golf - Sponsor Signs/Banners	38
THS HOF - Banquet	1,088
THS HOF - Awards	1,167
Membership Cards	1,008
THS Alumni Apparel	978
Total - Other Disbursements (Line 23)	<u><u>\$23,404</u></u>