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For the calendar year 2010 or fiscal year beginning MM/DD/YYYY and ending MM/DD/YYYY

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

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

CHECK BOX IF: Return filed under extension. 3-mos. Fed 82 C 6-mos. AZ - Fed 82 F

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

A Date Arizona operations began 07/01/2007

B Nature of Arizona activities Raise funds to support Tempe High School

C Check federal form filed: 990 990-EZ Other (specify) _____

Enclose a copy of the organization's federal return.

		81	66	
Sources of Income	1	Gross sales or receipts from business activities.....	1 0 00	
	2	Less: Cost of goods sold or of operations - <i>attach itemized statement</i>	2 0 00	
	3	Gross profit from business activities - <i>subtract line 2 from line 1</i>	3 0 00	
	4	Interest.....	4 52 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 affiliated organizations.....	9 0 00	
	10	Contributions, gifts, grants, etc., received.....	10 11,710 00	
	11	Other income - <i>attach itemized statement</i>	11 15,745 00	
		12	Total income - <i>add lines 3 through 11</i>	12 27,507 00
Administrative Expenses	13	Compensation of officers, directors, trustees, etc.....	13 0 00	
	14	Salaries and wages - <i>other than amounts included on line 2</i>	14 0 00	
	15	Interest.....	15 0 00	
	16	Taxes.....	16 0 00	
	17	Rent expense.....	17 0 00	
	18	Depreciation - <i>attach schedule</i>	18 0 00	
	19	Miscellaneous expenses - <i>attach itemized statement</i>	19 1,163 00	
		20	Total expenses - <i>add lines 13 through 19</i>	20 1,163 00
	Disbursements From Current Income for the Exempt Purposes	21	Dues, assessments, etc., to affiliated corporations.....	21 0 00
22		Contributions, gifts, grants, etc., paid.....	22 9,856 00	
23		Benefit payments to or for members or their dependents:		
		a. Death, sickness, hospitalization, disability, or pension benefits.....	23a 0 00	
b. Other benefits.....		23b 0 00		
24		Dividends and other distributions to members, shareholders, or depositors.....	24 0 00	
25		Other.....	25 18,142 00	
	26	Total - <i>add lines 21 through 25</i>	26 27,998 00	
Disbursements From Principal for the Exempt Purposes	27	Dues, assessments, etc., to affiliated corporations.....	27 0 00	
	28	Contributions, gifts, grants, etc., paid.....	28 0 00	
	29	Benefit payments to or for members or their dependents:		
		a. Death, sickness, hospitalization, disability, or pension benefits.....	29a 0 00	
	b. Other benefits.....	29b 0 00		
	30	Dividends and other distributions to members, shareholders, or depositors.....	30 0 00	
	31	Other.....	31 0 00	
	32	Total - <i>add lines 27 through 31</i>	32 0 00	
Other	33	Other disbursements not itemized above - <i>attach schedule</i>	33 0 00	
Accumulation of Income	34	Accumulation of income in current year - <i>line 12 less the sum of lines 20, 26, 32, and 33</i>	34 -1,654 00	
	35	Accumulation of income at beginning of year.....	35 73,162 00	
	36	Accumulation of income at end of year - <i>add lines 34 and 35</i>	36 71,508 00	
Penalty	37	Penalty for late filing or incomplete filing. <i>See instructions</i>	37 0 00	

Schedule A - Balance Sheet

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

(a)
Beginning of year

(b)
End of year

Assets

A1	Cash.....			73,162	00	A1	71,508	00
A2a	Accounts receivable.....	A2a	0	00				
	b Less: allowance for doubtful accounts.....	A2b	0	00				
	c Line A2a less line A2b. Enter difference in column (b).....			0	00	A2c	0	00
A3a	Other notes and loans receivable - <i>attach schedule</i>	A3a	0	00				
	b Less: allowance for doubtful accounts.....	A3b	0	00				
	c Line A3a less line A3b. Enter difference in column (b).....			0	00	A3c	0	00
A4	Inventories.....			0	00	A4	0	00
A5	Investments (securities) - <i>attach schedule</i>			0	00	A5	0	00
A6	Investments (other) - <i>attach schedule</i>			0	00	A6	0	00
A7a	Land, buildings, and equipment; basis.....	A7a	0	00				
	b Less: accumulated depreciation - <i>attach schedule</i>	A7b	0	00				
	c Line A7a less line A7b. Enter difference in column (b).....			0	00	A7c	0	00
A8	Other assets - <i>describe</i>			0	00	A8	0	00
A9	Total assets - <i>add lines A1 through A8</i>			73,162	00	A9	71,508	00

Liabilities

A10	Accounts payable and accrued expenses.....			750	00	A10	0	00
A11	Mortgages and other notes payable - <i>attach schedule</i>			0	00	A11	0	00
A12	Other liabilities - <i>describe</i>			0	00	A12	0	00
A13	Total liabilities - <i>add lines A10 through A12</i>			750	00	A13	0	00

Net Assets

A14	Capital stock or trust principal.....			0	00	A14	0	00
A15	Paid-in or capital surplus.....			0	00	A15	0	00
A16	Retained earnings or accumulated income.....			72,412	00	A16	0	00
A17	Total net assets - <i>add lines A14 through A16</i>			72,412	00	A17	0	00
A18	Total liabilities and net assets - <i>add lines A13 and A17</i>			73,162	00	A18	71,508	00

Certification Under penalties of perjury, I declare that I have examined this return, including 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 | 05/18/2011 Date | Treasurer Title

Paid Preparer's Use Only
 Preparer's signature _____ Date _____ Preparer's EIN, PTIN or SSN _____
 Firm's name (or preparer's, 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