

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization BUFFALO BILL MEMORIAL ASSOCIATION		D Employer identification number 83-0180403
		Doing Business As		E Telephone number (307) 587-4771
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 720 SHERIDAN AVENUE	G Gross receipts \$ 16,812,400.	
		City or town, state or country, and ZIP + 4 CODY, WY 82435		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: ALAN K. SIMPSON SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ BBHC.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1917 M State of legal domicile: WY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MISSION AND HISTORY THE BUFFALO BILL MEMORIAL ASSOCIATION (BBMA) WAS FOUNDED AS A
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 43
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 43
	5 Total number of employees (Part V, line 2a) 5 231
	6 Total number of volunteers (estimate if necessary) 6 207
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 20,270.
b Net unrelated business taxable income from Form 990-T, line 34 7b 10,456.	

Revenue		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h) 8 5,771,622.	4,602,196.
9 Program service revenue (Part VIII, line 2g) 9 3,062,866.	2,088,440.		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,935,647.	<6,547,127.>		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 914,567.	943,526.		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 11,684,702.	1,087,035.		

Expenses		Prior Year	Current Year
		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13	
14 Benefits paid to or for members (Part IX, column (A), line 4) 14			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 6,131,667.	5,506,006.		
16a Professional fundraising fees (Part IX, column (A), line 11e) 16a			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 653,215.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 17 5,326,181.	4,705,371.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 11,457,848.	10,211,377.		
19 Revenue less expenses. Subtract line 18 from line 12 19 226,854.	<9,124,342.>		

Net Assets or Fund Balances		Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16) 20 147,739,857.	153,380,984.
21 Total liabilities (Part X, line 26) 21 213,381.	166,403.		
22 Net assets or fund balances. Subtract line 21 from line 20 22 147,526,476.	153,214,581.		

Part II Signature Block

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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer _____ Date _____
 ▶ **BRUCE B. ELDRIDGE, EXECUTIVE DIRECTOR/CEO**
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EIDE BAILLY LLP 401 N 31ST ST SUITE 1120, PO BOX 7112 BILLINGS, MT 59103-7112		EIN ▶	Phone no. ▶ 406-896-2400

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE BUFFALO BILL HISTORICAL CENTER IS THE WORLD'S LEADER IN PRESENTING AUTHENTIC INTERPRETATION AND COMPELLING EXPERIENCES ABOUT THE AMERICAN WEST. THROUGH OUR IDEAS, COLLECTIONS, AND PROGRAMS, WE EDUCATE AND ENTERTAIN WORLDWIDE AUDIENCES ABOUT THE PAST, PRESENT, AND FUTURE OF

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No [X] If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No [X] If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 6,069,493. including grants of \$) (Revenue \$ 2,697,226.) CURATORIAL, COLLECTIONS & CONSERVATION PLAN

INTRODUCTION

THE CONSERVATION AND COLLECTIONS DEPARTMENTS HAVE RESPONSIBILITY FOR MORE THAN 576,700 OBJECTS INSIDE THE MUSEUM, 7,670 LINEAL FEET OF LIBRARY COLLECTIONS, AND FOR THE OUTDOOR SCULPTURE GARDEN CONTAINING A COLLECTION OF OVER 20 BRONZES AND FERROUS OBJECTS. ALL OF THESE COLLECTIONS WILL GROW IN THE FUTURE. AS THE ONLY CONSERVATION LABORATORY WITHIN A PRIVATE INSTITUTION IN WYOMING, THE CONSERVATOR ROUTINELY RESPONDS TO INQUIRIES FROM THE PUBLIC, AND MUSEUMS IN WYOMING AND THE WESTERN NON-COASTAL STATES. THE COLLECTIONS MANAGERS ALSO ROUTINELY COUNSEL AND GIVE AID TO SMALLER INSTITUTIONS AND INDIVIDUALS

4b (Code:) (Expenses \$ 1,235,254. including grants of \$) (Revenue \$) RESEARCH AND EDUCATIONAL ACTIVITIES

EDUCATION DEPARTMENT MISSION STATEMENT

THE BUFFALO BILL HISTORICAL CENTER'S EDUCATION DEPARTMENT ADVANCES LIFELONG LEARNING ABOUT THE AMERICAN WEST. - ENGAGE VISITORS IN DISCOVERY BY FOSTERING INTERACTIONS BETWEEN THE VISITOR AND OBJECTS - ENCOURAGE THE INTERCONNECTEDNESS OF PEOPLE, CULTURES, AND NATURE - PROMOTE INTERACTION AMONG VISITORS AND STAFF THE BUFFALO BILL HISTORICAL CENTER'S EDUCATION DEPARTMENT STRIVES TO MEET THE FOLLOWING STANDARDS WHEN DESIGNING AND IMPLEMENTING PROGRAMS: - MEET THE BUFFALO BILL HISTORICAL CENTER'S OVERARCHING GOALS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 7,304,747.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 79		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 231		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MEG KATH - 307-578-4044**
720 SHERIDAN AVENUE, CODY, WY 82435

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ALAN K. SIMPSON CHAIRMAN OF THE BOARD	2.00	X		X			0.	0.	0.	
NAOMA J. TATE VICE CHAIRMAN	2.00	X		X			0.	0.	0.	
BARRON G. COLLIER, II VICE CHAIRMAN	2.00	X		X			0.	0.	0.	
ERNEST J. GOPPERT, JR. TREASURER	2.00	X		X			0.	0.	0.	
JAMES E. NIELSON SECRETARY	2.00	X		X			0.	0.	0.	
GORDON H. BARROWS TRUSTEE	1.00	X					0.	0.	0.	
DANIELE D. BODINI TRUSTEE	1.00	X					0.	0.	0.	
GEORGE BROWN TRUSTEE	1.00	X					0.	0.	0.	
WILEY T. BUCHANAN, III TRUSTEE	1.00	X					0.	0.	0.	
RICHARD B. CHENEY TRUSTEE	1.00	X					0.	0.	0.	
HENRY H.R. COE, JR. TRUSTEE	1.00	X					0.	0.	0.	
STEVEN R. CRANFILL TRUSTEE	1.00	X					0.	0.	0.	
JOAN C. DONNER TRUSTEE	1.00	X					0.	0.	0.	
FORREST FENN TRUSTEE	1.00	X					0.	0.	0.	
WILLIAM C. GARLOW TRUSTEE	1.00	X					0.	0.	0.	
RAY L. HUNT TRUSTEE	1.00	X					0.	0.	0.	
DAVID M. LEUSCHEN TRUSTEE	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIS MCDONALD, IV TRUSTEE	1.00	X					0.	0.	0.	
RICHARD S. NELSON TRUSTEE	1.00	X					0.	0.	0.	
NANCY D. PETRY TRUSTEE	1.00	X					0.	0.	0.	
WILLIAM B. RUGER, JR. TRUSTEE	1.00	X					0.	0.	0.	
MARGARET W. SCARLETT TRUSTEE	1.00	X					0.	0.	0.	
RICHARD J. SCHWARTZ TRUSTEE	1.00	X					0.	0.	0.	
WILLIAM SELF TRUSTEE	1.00	X					0.	0.	0.	
J. LAURENCE SHEERIN TRUSTEE	1.00	X					0.	0.	0.	
COLIN M. SIMPSON TRUSTEE	1.00	X					0.	0.	0.	
HARRIET STUART SPENCER TRUSTEE	1.00	X					0.	0.	0.	
1b Total							383,178.	0.	37,599.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
GAIL CONSTRUCTION P.O. BOX 481, CODY, WY 82414	CONSTRUCTION REMODEL	279,544.
CHASE STUDIO, INC., 205 WOLF CREEK ROAD, CEDARCREEK, MO 65627-9720	EXHIBIT FABRICATION	160,000.
MEDIATROPE, 207 POWELL STREET # 300, SAN FRANCISCO, CA 94102	WEBSITE DESIGN	101,500.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	809,168.			
	c Fundraising events	1c	122,923.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,670,105.			
	g Noncash contributions included in lines 1a-1f: \$		825,566.			
	h Total. Add lines 1a-1f		4,602,196.			
	Program Service Revenue	2 a ADMISSION CHARGES	Business Code 713990	1,975,965.	1,975,965.	
b MISCELLANEOUS INCOME		713990	112,475.	112,475.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			2,088,440.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		836,871.		836,871.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	7245070.			
		(ii) Other	68,060.			
		b Less: cost or other basis and sales expenses	14693607	3,521.		
		c Gain or (loss)	<7448537>	64,539.		
	d Net gain or (loss)		<7383998.>		<7383998.>	
	8 a Gross income from fundraising events (not including \$ 122,923. of contributions reported on line 1c). See Part IV, line 18	a	234,184.			
		b Less: direct expenses	b	224,735.		
c Net income or (loss) from fundraising events			9,449.		9,449.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	1737579.				
	b Less: cost of goods sold	b	803,502.			
	c Net income or (loss) from sales of inventory		934,077.	608,786.	20,270.	305,021.
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			1,087,035.	2,697,226.	20,270.	<6232657.>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	191,355.		191,355.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,949,413.	2,877,963.	722,088.	349,362.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	121,081.	81,644.	30,160.	9,277.
9 Other employee benefits	860,213.	671,785.	124,240.	64,188.
10 Payroll taxes	383,944.	276,514.	77,599.	29,831.
11 Fees for services (non-employees):				
a Management	89,251.	50,568.	30,153.	8,530.
b Legal	7,720.	4,169.	3,551.	
c Accounting	58,489.	23,022.	34,532.	935.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	222,203.	222,203.		
g Other	450,885.	355,762.	25,334.	69,789.
12 Advertising and promotion	231,030.	66,042.	164,577.	411.
13 Office expenses	584,584.	390,619.	160,196.	33,769.
14 Information technology	235,383.	100,596.	116,360.	18,427.
15 Royalties				
16 Occupancy	476,303.	228,494.	247,809.	
17 Travel	223,995.	126,337.	65,782.	31,876.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,451.	11,536.	2,401.	3,514.
20 Interest	2,180.	1,177.	1,003.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,467,477.	1,437,651.	25,123.	4,703.
23 Insurance	166,407.	122,238.	44,169.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a UBI TAXES	5,090.		5,090.	
b ENTERTAINMENT	151,107.	107,357.	39,243.	4,507.
c BAD DEBT EXPENSE	124,355.	67,015.	57,340.	
d PUBLICATIONS	105,896.	36,624.	47,327.	21,945.
e REPAIR & MAINTENANCE	47,359.	20,820.	26,539.	
f All other expenses	38,206.	24,611.	11,444.	2,151.
25 Total functional expenses. Add lines 1 through 24f	10,211,377.	7,304,747.	2,253,415.	653,215.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	1,141,424.	1	858,098.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	2,392,268.	3	2,160,812.	
	4 Accounts receivable, net	88,084.	4	62,006.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	714,735.	8	709,655.	
	9 Prepaid expenses and deferred charges	110,393.	9	116,731.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 52,701,983.			
	b Less: accumulated depreciation	10b 19,122,643.			
		33,799,354.	10c	33,579,340.	
	11 Investments - publicly traded securities	25,112,944.	11	32,349,584.	
	12 Investments - other securities. See Part IV, line 11	8,249,157.	12	6,701,932.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
15 Other assets. See Part IV, line 11	76,131,498.	15	76,842,826.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	147,739,857.	16	153,380,984.		
Liabilities	17 Accounts payable and accrued expenses	213,381.	17	166,403.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	213,381.	26	166,403.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	18,537,941.	27	20,414,113.	
	28 Temporarily restricted net assets	104,320,470.	28	105,856,184.	
	29 Permanently restricted net assets	24,668,065.	29	26,944,284.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	147,526,476.	33	153,214,581.	
	34 Total liabilities and net assets/fund balances	147,739,857.	34	153,380,984.	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number 83-0180403
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5866447.	11021854.	24389981.	5801483.	4602196.	51681961.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5866447.	11021854.	24389981.	5801483.	4602196.	51681961.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						348,116.
6 Public support. Subtract line 5 from line 4.						51333845.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	5866447.	11021854.	24389981.	5801483.	4602196.	51681961.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1116698.	1079296.	995,890.	807,636.	836,871.	4836391.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	4,041.	6,585.	12,023.	7,245.	9,888.	39,782.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						56558134.

12 Gross receipts from related activities, etc. (see instructions) 12 25,696,376.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 90.76 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 88.33 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

BUFFALO BILL MEMORIAL ASSOCIATION

83-0180403

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number 83-0180403
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>422,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>166,798.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>100,012.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>93,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>105,802.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>148,076.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number 83-0180403
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 190,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number 83-0180403
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/> <hr/>	\$ 232,138.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<hr/> <hr/> <hr/> <hr/>	\$ 76,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number 83-0180403
--	---

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	NAVAJO RUG FROM 20TH CENTURY WITH YEI BICHEII PICTORIAL DESIGN	\$ 93,000.	04/08/09
5	2135 PHOTOGRAPHS OF NATIVE AMERICAN SUBJECTS, 1880-1920	\$ 100,802.	12/22/09
13	BRONZE SCULPTURE, PEARL JEWELRY, 4 ETCHINGS, PENDANT, USE OF WORLD SHIP	\$ 72,700.	03/26/09
14	1000 BOOKS AND MAGAZINES RELATING TO ART, HISTORY AND CULTURE OF PLAINS INDIAN TRIBES	\$ 75,000.	11/16/09
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$	<u>652,100.</u>
(ii) Assets included in Form 990, Part X	▶ \$	<u>76,842,826.</u>

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$	_____
b Assets included in Form 990, Part X	▶ \$	_____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	32581471.	39865622.			
b Contributions		11427287.			
c Net investment earnings, gains, and losses	8,140,731.	<16646587.>			
d Grants or scholarships					
e Other expenditures for facilities and programs	2,535,213.	2,064,851.			
f Administrative expenses					
g End of year balance	38186989.	32581471.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 41.00 %
- b Permanent endowment 54.00 %
- c Term endowment 5.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		165,500.		165,500.
b Buildings		38,077,352.	10,323,156.	27,754,195.
c Leasehold improvements		691,026.	648,225.	42,802.
d Equipment		2,083,248.	1,683,184.	400,064.
e Other		11,684,857.	6,468,078.	5,216,779.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				33,579,340.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include ART & BRONZES and ARTIFACTS, PHOTOS, MEMORABILIA.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Amount. Row 1 includes Federal income taxes.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,087,035.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,211,377.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<9,124,342.>
4	Net unrealized gains (losses) on investments	4	14,878,064.
5	Donated services and use of facilities	5	40,068.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	<105,685.>
9	Total adjustments (net). Add lines 4 through 8	9	14,812,447.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	5,688,105.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	17,317,529.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	14,878,064.
b	Donated services and use of facilities	2b	40,068.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	14,918,132.
3	Subtract line 2e from line 1	3	2,399,397.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	222,203.
b	Other (Describe in Part XIV.)	4b	<1,534,565.>
c	Add lines 4a and 4b	4c	<1,312,362.>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,087,035.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	11,629,424.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	105,685.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	1,534,565.
e	Add lines 2a through 2d	2e	1,640,250.
3	Subtract line 2e from line 1	3	9,989,174.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	222,203.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	222,203.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,211,377.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4: THE BBHC'S COLLECTION CAN BE DIVIDED INTO SIX

DISTINCT, THOUGH INTERRELATED, COLLECTIONS. THE BUFFALO BILL MUSEUM EXAMINES THE LIFE AND ACCOMPLISHMENTS OF WILLIAM F. "BUFFALO BILL" CODY WHILE EDUCATING ABOUT THE HISTORY, IMAGE, AND PIONEER CULTURE OF THE WESTERN FRONTIER. THE CODY FIREARMS MUSEUM INTERPRETS THE ROLE OF FIREARMS IN THE NATION'S HISTORY AND THEIR ROLE IN THE HISTORY OF TECHNOLOGY. THE DRAPER MUSEUM OF NATURAL HISTORY INTEGRATES THE HUMANITIES WITH NATURAL SCIENCES AND INTERPRETS THE GREATER YELLOWSTONE AREA. THE PLAINS INDIAN

Part XIV Supplemental Information (continued)

MUSEUM EXPLORES THE CULTURAL HISTORIES, ARTISTRY, AND LIVING TRADITIONS OF THE PLAINS INDIAN PEOPLE. THE WHITNEY GALLERY OF WESTERN ART PRESENTS ORIGINAL PAINTINGS, SCULPTURES, AND PRINTS THAT TRACE ARTISTIC INTERPRETATIONS OF THE WEST FROM THE EARLY 19TH CENTURY TO TODAY. THE MCCRACKEN RESEARCH LIBRARY PROVIDES A SOLID FOUNDATION OF CONTEMPORARY AND RETROSPECTIVE RESEARCH MATERIAL.

PART V, LINE 4: ENDOWMENTS ARE RESTRICTED FOR THE FOLLOWING PURPOSES AT DECEMBER 31, 2009: GENERAL AND ADMINISTRATIVE, CURATORIAL AND CONSERVATION, COLLECTIONS, EDUCATIONAL PROGRAMS AND LAND TO BE USED FOR MUSEUM BUIDLING.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

DONATED SERVICES RECEIVED EXPENSE: -105685.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES NETTED WITH REVENUE ON TAX RETURN: -224735.

COST OF GOODS SOLD NETTED WITH REVENUE ON TAX RETURN: -803502.

RECLASSIFICATION OF NET ASSETS: -506328.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES NETTED WITH REVENUE ON TAX RETURN: 224735.

RECLASSIFICATION OF NET ASSETS: 506328.

COST OF GOODS SOLD NETTED WITH REVENUE ON TAX RETURN: 803502.

**Supplemental Information Regarding
Fundraising or Gaming Activities**

2009

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Name of the organization BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number 83-0180403
--	---

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		PATRONS BALL (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	357,107.			357,107.
	2	Less: Charitable contributions	122,923.			122,923.
	3	Gross income (line 1 minus line 2)	234,184.			234,184.
Direct Expenses	4	Cash prizes	200.			200.
	5	Noncash prizes	39,977.			39,977.
	6	Rent/facility costs	8,994.			8,994.
	7	Food and beverages	55,315.			55,315.
	8	Entertainment	3,400.			3,400.
	9	Other direct expenses	6,581.			6,581.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(114,467)
	11	Net income summary. Combine line 3, column (d), and line 10				119,717.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column (d), and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- b** An outside facility

13b		%
------------	--	---

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

	Yes	No
15a		
17a		

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BRUCE ELDREDGE	(i)	168,982.	0.	645.	0.	21,728.	191,355.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the Organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer Identification number

83-0180403

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
H. LEIGHTON STEWARD TRUSTEE	1.00	X						0.	0.	0.
JOHN C. SULLIVAN TRUSTEE	1.00	X						0.	0.	0.
MICHAEL J. SULLIVAN TRUSTEE	1.00	X						0.	0.	0.
JAMES G. TAGGART TRUSTEE	1.00	X						0.	0.	0.
MARGO GRANT WALSH TRUSTEE	1.00	X						0.	0.	0.
EDWARD P. CONNORS TRUSTEE	1.00	X						0.	0.	0.
MARY FLITNER TRUSTEE	1.00	X						0.	0.	0.
RONALD L. FORMAN TRUSTEE	1.00	X						0.	0.	0.
CHARLES C. FRANCIS TRUSTEE	1.00	X						0.	0.	0.
PATRICK R. MCDONALD TRUSTEE	1.00	X						0.	0.	0.
PAUL V. CALI TRUSTEE	1.00	X						0.	0.	0.
WALLACE H. JOHNSON TRUSTEE	1.00	X						0.	0.	0.
WILLIAM L. KING TRUSTEE	1.00	X						0.	0.	0.
SAMUEL B. WEBB, JR TRUSTEE	1.00	X						0.	0.	0.
BRUCE ELDREDGE EXECUTIVE DIRECTOR/CEO	50.00			X				169,627.	0.	20,670.
WALLY REBER CURATOR, WESTERN DECORAT	45.00				X			110,620.	0.	1,084.
WENDY K. SCHNEIDER DIRECTOR OF DEVELOPMENT	45.00				X			102,931.	0.	15,845.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
▶ Attach to Form 990.**

Name of the organization **BUFFALO BILL MEMORIAL ASSOCIATION** Employer identification number **83-0180403**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art	X	64	283,400.	OPINION OF EXPERT
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		83,377.	OPINION OF EXPERT
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	77	6,510.	OPINION OF EXPERT
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy	X	1	1,350.	OPINION OF EXPERT
22 Historical artifacts	X	2,254	245,303.	OPINION OF EXPERT
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OTHER)	X	126	205,656.	OPINION OF EXPERT
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29** **3**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NONPROFIT EDUCATIONAL ORGANIZATION IN 1917, THE YEAR OF WILLIAM F.

"BUFFALO BILL" CODY'S PASSING. BUFFALO BILL WAS AN AUTHENTIC WESTERN

HERO WHOSE LIFE AND CAREER PARALLELED MOST OF THE SIGNIFICANT EVENTS IN

WESTERN AMERICAN HISTORY. THE BBMA MAINTAINS AND OPERATES THE BUFFALO

BILL HISTORICAL CENTER (BBHC); OVERSEEING THE BBHC'S MISSION OF SERVING

THE PUBLIC BY ADVANCING KNOWLEDGE ABOUT THE AMERICAN WEST THROUGH

ACQUIRING, EXHIBITING AND INTERPRETING COLLECTIONS AND PRESERVING THEIR

PHYSICAL AND CONTEXTUAL INTEGRITY. THIS MISSION IS ACCOMPLISHED

THROUGH COLLECTIONS, EDUCATION AND RESEARCH.

COMPRISED OF FIVE MUSEUMS AND A RESEARCH LIBRARY, THE BBHC HAS, OVER

THE YEARS, BECOME MUCH MORE THAN A MONUMENT TO THE LIFE AND TIMES OF

BUFFALO BILL. THE FIRST BUFFALO BILL MUSEUM OPENED IN 1927 AS A LOG

CABIN IN CODY, WYOMING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE AMERICAN WEST.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN WYOMING.

THE BUFFALO BILL HISTORICAL CENTER ADHERES TO STRICT CONSERVATION

STANDARDS. THE MUSEUM IS COMMITTED TO CREATING OPTIMUM STORAGE AND

EXHIBIT ENVIRONMENTS THAT REDUCE THE POTENTIAL FOR NEGATIVE IMPACTS ON

OBJECTS AND WORKS OF ART. A MONITORING AND MITIGATION PROGRAM FOR

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

INTEGRATED PEST MANAGEMENT HAS BEEN ONGOING UNDER THE SUPERVISION OF
THE COLLECTIONS MANAGER FOR DECADES; THE TRAPS ARE MONITORED A MINIMUM
OF EVERY SIX MONTHS. THE OPERATIONS STAFF RECEIVES STATE OF THE ART
TRAINING ANNUALLY. THE SET POINTS FOR OLD AND NEW BUILDING:
TEMPERATURE BETWEEN 68 AND 72 DEGREES FAHRENHEIT AND A HUMIDITY LEVEL
OF 50% (RH), +/-5% RH IN A 24-HOUR PERIOD. HYGROTHERMOGRAPHS ARE USED
FOR ADDITIONAL MONITORING. IN 2008 A COMMITTEE WROTE THE LATEST VERSION
OF A FOOD AND DRINK POLICY FOR THE INSTITUTION.

INTERPRETIVE PHILOSOPHY, STRATEGY AND CONTENT

THE BUFFALO BILL HISTORICAL CENTER ASPIRES TO BE THE VOICE OF THE
AMERICAN WEST. THROUGH ITS REMARKABLE COLLECTIONS AND DIVERSE
EDUCATIONAL PROGRAMS, THE CENTER PROVIDES UNPARALLELED CULTURAL AND
ENVIRONMENTAL EXPERIENCES AND INTELLECTUAL PURSUITS TO HUNDREDS OF
THOUSANDS OF VISITORS EACH YEAR.

BUFFALO BILL MUSEUM

THE BUFFALO BILL MUSEUM PRESENTS THE LIFE AND LEGACY OF WILLIAM F.
"BUFFALO BILL" CODY IN ORDER TO INCREASE AWARENESS AND KNOWLEDGE OF HIS
IMPACT ON THE HISTORICAL AND CULTURAL DEVELOPMENT OF THE AMERICAN WEST.

1. TO EMPHASIZE THE MULTIDIMENSIONAL QUALITY OF WILLIAM F. CODY.
2. TO SHOW THE VARIETY AND QUALITY OF WILLIAM F. CODY'S BUSINESS AND
PERSONAL ASSOCIATES, ACQUAINTANCES, EMPLOYEES AND FRIENDS, PAYING
PARTICULAR ATTENTION TO BOTH THE "BUFFALO BILL COMBINATION" AND THE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

"WILD WEST" EXHIBITION ERAS.

3. TO ILLUSTRATE THE SETTLEMENT AND DEVELOPMENT OF THE WEST,
ESPECIALLY THAT OF WYOMING, THE BIG HORN BASIN REGION, AND CODY.

4. TO PRESENT THE WEST AS A PLACE OF THE IMAGINATION AS WELL AS A
GEOGRAPHICAL REGION.

CODY FIREARMS MUSEUM

OUR MISSION IS TO SERVE THE PUBLIC BY COLLECTING, EXHIBITING,
PRESERVING, AND INTERPRETING FIREARMS AND THEIR ACCOUTREMENTS IN THEIR
PHYSICAL AND CONTEXTUAL INTEGRITY IN ORDER TO PROMOTE INCREASED
AWARENESS AND KNOWLEDGE OF THE TECHNOLOGICAL, ECONOMIC, SOCIAL, AND
CULTURAL DEVELOPMENT OF THE AMERICAN WEST.

1. RECOGNIZE THE NATURE OF HUMAN INTERRELATIONSHIPS WITH FIREARMS AND
DEVELOP SOME FAMILIARITY WITH THE HUMAN INTEREST STORIES RELATED TO THE
DESIGN, DEVELOPMENT, PRODUCTION AND USE OF FIREARMS.

2. BECOME INVOLVED DIRECTLY AND PERSONALLY IN THE DISCOVERY AND
ASSIMILATION OF INFORMATION ABOUT THE CFM COLLECTION AND ABOUT OTHER
FIREARMS OF INTEREST TO THEM.

3. UNDERSTAND THE DEFINITIVE ROLE OF FIREARMS DESIGN AND MANUFACTURE
IN THE INCEPTION AND DEVELOPMENT OF THE INDUSTRIAL REVOLUTION AND THEIR
INFLUENCE ON SUBSEQUENT TECHNOLOGICAL DEVELOPMENTS IN AMERICAN
INDUSTRY.

4. APPRECIATE AND ENJOY THE MECHANICAL INGENUITY AND THE DECORATIVE
ARTISTRY INVOLVED IN THE CREATION AND BEAUTIFICATION OF FIREARMS.

5. BECOME AWARE OF THE SIGNIFICANCE OF FIREARMS IN THE EXPLORATION AND

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

EARLY SETTLEMENT OF THE AMERICAN WEST.

6. DEVELOP A RUDIMENTARY COMPREHENSION OF THE IMPORTANCE OF FIREARMS
TRADITIONS IN THE AREA OF HUNTING SPORTING COMPETITIONS, THE MILITARY
AND LAW ENFORCEMENT FROM EARLY AMERICAN HISTORY TO THE PRESENT.

7. BECOME WELL VERSED IN THE CONTROVERSIES AND GUN OWNERSHIP IN
AMERICA TODAY.

DRAPER MUSEUM OF NATURAL HISTORY

THE MISSION OF THE DRAPER MUSEUM OF NATURAL HISTORY IS TO INCREASE
UNDERSTANDING AND APPRECIATION FOR THE RELATIONSHIPS BINDING HUMANS AND
NATURE IN THE AMERICAN WEST - ESPECIALLY THE GREATER YELLOWSTONE
REGION.

1. DEVELOP A SENSE OF CONNECTION WITH NATURE THAT INSPIRES A DESIRE TO
EXPLORE ONE'S WORLD MORE CLOSELY.

2. DISTINGUISH THE PROCESS OF SCIENCE FROM OTHER METHODS OF EXPLORING
AND INTERPRETING NATURE AND TO ENGAGE IN CRITICAL THINKING AND DECISION
MAKING REGARDING HUMAN INTERACTIONS WITH NATURE.

3. INSPIRE AN APPRECIATION FOR THE DYNAMIC NATURE OF NATURE.

4. INCREASE KNOWLEDGE OF NATURAL AND CULTURAL HISTORY IN THE GREATER
YELLOWSTONE ECOSYSTEM.

5. BROADEN PERSPECTIVES AND KNOWLEDGE ON CONTEMPORARY NATURAL HISTORY
ISSUES IN THE WEST SO THAT ONE MAY CONTRIBUTE WELL-INFORMED OPINIONS
REGARDING POLICY.

PLAINS INDIAN MUSEUM

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

THE MISSION OF THE PLAINS INDIAN MUSEUM IS TO EDUCATE AND ADVANCE
KNOWLEDGE ABOUT LIVING AMERICAN INDIAN CULTURES, THEIR HISTORIES, ART,
SPIRITUALITY, AND TRADITIONS FOR CURRENT AND FUTURE GENERATIONS. TO
ACHIEVE THIS GOAL, THE PLAINS INDIAN MUSEUM WILL DILIGENTLY SEEK TO
ACQUIRE, PRESERVE, CONSERVE, EXHIBIT AND INTERPRET CULTURAL MATERIALS
FROM THE PREHISTORIC PAST TO THE PRESENT. IT IS THE MUSEUM'S BELIEF
THAT THE PAST IS BEST USED WHEN IT SERVES THE PRESENT AND FUTURE.

1. ENRICH UNDERSTANDING ABOUT THE CULTURAL HISTORIES AND CONTINUING
TRADITIONS OF PLAINS INDIAN GROUPS AND THE COMMON THREADS THAT LINK
CULTURES TOGETHER.

2. UNDERSTAND PLAINS INDIAN CULTURES AS COMPLEX AND DYNAMIC CULTURES
BEFORE AND AFTER EURO-AMERICAN CONTACT AS WELL AS IN THE PRESENT AND
FUTURE.

3. APPRECIATE THE CREATIVE ADAPTATION OF PLAINS INDIAN PEOPLE TO THE
DIFFICULT ENVIRONMENT OF THE GREAT PLAINS AND RESILIENCE IN FACE OF
LOSSES OF TRADITIONAL HOMELANDS AND ECONOMIES.

4. REACH INSIGHT ABOUT THE ROLE OF SPIRITUALITY IN THE SOCIAL AND
ECONOMIC LIVES OF PLAINS INDIAN PEOPLE.

5. DEVELOP UNDERSTANDING ABOUT THE DIVERSITY OF TRIBAL CULTURES AND
INDIVIDUALS WITHIN THE PLAINS REGION FROM THE PERSPECTIVES OF NATIVE
TRADITIONALISTS, ARTISTS, SCHOLARS, AND OTHER COMMUNITY MEMBERS.

6. RECOGNIZE THE CONTEMPORARY LIFESTYLES OF PLAINS INDIAN PEOPLE AND
HOW THEY MAY BE SIMILAR OR DIFFERENT FROM NON-INDIAN CONTEMPORARY
LIFESTYLES.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

WHITNEY GALLERY OF WESTERN ART

THE WHITNEY GALLERY OF WESTERN ART WORKS TOWARD THE PRESENTATION OF THE
HIGHEST EXAMPLES OF VISUAL, CREATIVE WORKS OF ART INSPIRED BY THE
AMERICAN WEST IN ORDER TO STIMULATE AND EDUCATE AN AUDIENCE OF
LIFE-LONG LEARNERS.

THEME: VISUAL ART SHAPES AND CONTRIBUTES TO PERCEPTIONS OF THE AMERICAN
WEST

1. ENJOY AND APPRECIATE ART BOTH AS AN EXPRESSION OF HUMAN CREATIVE
SPIRIT AND FOR ITS AESTHETIC MERITS.

2. UNDERSTAND THAT INDIVIDUAL EXPRESSION IS BASED ON SOCIAL CONTEXT
AND THAT VIEWERS, TOO, HAVE INDIVIDUAL INTERPRETATIONS OF ART BASED ON
SOCIAL CONTEXT.

3. RECOGNIZE THAT AMERICAN WESTERN ART PRESENTS A SURVEY OF HISTORY OF
THE AMERICAN WEST.

4. DEVELOP UNDERSTANDING THAT AMERICAN WESTERN ART PORTRAYS THE WEST
AS A PHYSICAL PLACE WITH A LANDSCAPE SETTING FOR HUMAN ACTION AND ALSO
AS AN IDEA- THE WEST OF THE IMAGINATION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

- MEET THE INTERPRETIVE AND CONTENT GOALS FOR EACH OF THE FIVE
DISCIPLINES AT THE BBHC.

- MEET THE MISSION, PRINCIPLES, AND INTERPRETIVE GOALS FOR THE
EDUCATION DEPARTMENT.

- MEET THE NEEDS OF VARIOUS AUDIENCES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

THE FOLLOWING PROGRAMS PROVIDE EXAMPLES OF HOW THE PROGRAMMING
TECHNIQUES AND METHODS WE USE ARE APPROPRIATE TO THE MUSEUM'S
EDUCATIONAL GOALS AND ITS AUDIENCES.

SUMMER AND WINTER WORKSHOPS (YOUTH)

SUMMER AND WINTER WORKSHOPS ARE 2-4 HOUR EXPERIENCES PRIMARILY GEARED
TOWARDS OUR LOCAL AUDIENCE. WORKSHOPS ARE OFFERED TO STUDENTS AGES 4-6,
7-9, 10+. TOPICS ARE AGE SPECIFIC AND COVER ALL DISCIPLINES OF THE
BUFFALO BILL HISTORICAL CENTER. WHILE THESE ARE SHORT SESSIONS, THEY
ARE VERY IN DEPTH AND PERTINENT TO THE PARTICULAR TOPIC. THEY EACH HAVE
HANDS-ON COMPONENTS. EXAMPLES INCLUDE: ANIMAL OLYMPICS, CROW
STORYTELLING, ART AND DANCE, WATERCOLOR WONDER, CLAY CREATIONS, AND
INSECTIGATIONS.

ADULT WORKSHOPS

ADULT WORKSHOPS WERE TRADITIONALLY OFFERED DURING THE SUMMER AND
WINTER, HOWEVER THEY ARE NOW OFFERED THROUGHOUT THE YEAR FOR OUR ADULT
LEARNERS. THE CLASSES ARE OFFERED IN A VARIETY OF DISCIPLINES, FORMATS,
AND LENGTHS, AND ARE TARGETED PRIMARILY TO LOCAL AUDIENCES. THERE ARE
FEES FOR SOME OF THESE PROGRAMS WHILE OTHERS ARE FREE TO ALL. EXAMPLES
INCLUDE: WINTER EAGLE WATCH (FIELD EXCURSION); A WESTERN FILM SERIES
WITH DISCUSSION; PAINTING WITH THE MASTERS (STUDIO ART CLASS); AND
BEHIND THE SCENES TOURS OF THE BBHC.

SPOTLIGHT PROGRAMS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

EACH SUMMER, EDUCATION STAFF, DOCENTS, AND INTERNS PRESENT "SPOTLIGHT PROGRAMS" TO SUMMER VISITORS. THESE SHORT 20-MIN INTERPRETIVE PRESENTATIONS PROVIDE INFORMATION TO THE VISITORS ABOUT A PARTICULAR TOPIC WITHIN THE BUFFALO BILL HISTORICAL CENTER. PROGRAMS ARE DONE IN ALL OF THE MUSEUMS. THESE SPOTLIGHTS ARE APPEALING TO THE VISITOR OR GENERAL AUDIENCE. THEY ARE TYPICALLY LECTURE-BASED; HOWEVER MOST DO HAVE HANDS-ON COMPONENTS. SPOTLIGHT PROGRAMS ALSO HELP TO ORIENT THE VISITOR TO THE REST OF THE MUSEUM. EACH GROUP RECEIVES A TAILORED VERSION OF THE SPOTLIGHT, WHICH IS BASED ON THE AUDIENCE'S PRIOR KNOWLEDGE AND THEIR AGE. TOPICS INCLUDED: FIREARMS- WILDLIFE FRIEND OR FOE; OWLS- PREDATORS OF THE NIGHT; WHY THE COWBOY WEARS A HAT; YELLOWSTONE GEOLOGY; WHAT'S A POWWOW?; YOUNG CHARLIE RUSSELL. EDUCATORS ALSO PROVIDE FAMILY ACTIVITIES TO OUR VISITORS INCLUDING ART IN THE GARDEN, AND MAGNIFICENT METAMORPHOSIS.

MUSEUM ADVENTURES

CONSIDERING ITS MISSION TO ADVANCE KNOWLEDGE ABOUT THE AMERICAN WEST, THE HISTORICAL CENTER DEVELOPED FIVE PROGRAMS THAT ENGAGE ELEMENTARY SCHOOL CHILDREN IN LEARNING ABOUT THE WEST. THE PROGRAMS CELEBRATE WYOMING'S CULTURE AND HERITAGE AND COMPLEMENT THE FIVE MUSEUMS WITHIN THE CENTER. STUDENTS ROTATE TO DIFFERENT STATIONS AS THEY LEARN THROUGH HANDS-ON ACTIVITIES ABOUT THE WEST. MUSEUM ADVENTURES ARE DESIGNED TO ADDRESS STATE EDUCATION STANDARDS AND GOALS AND MEET THE NEEDS OF STUDENTS IN SMALL, ISOLATED COMMUNITIES WHO HAVE LIMITED ACCESS TO ARTS AND HUMANITIES-RELATED PROGRAMMING. AMERICAN INDIAN HERITAGE CELEBRATION FEATURES CONTEMPORARY PLAINS INDIAN ART, HISTORY, AND

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

CULTURAL TRADITIONS, PRESENTED BY PLAINS ARTISTS, STORYTELLERS,
DANCERS, AND MUSICIANS. A CELEBRATION OF BUFFALO BILL'S BIRTHDAY
INCLUDES INTERACTIVE ACTIVITIES LED BY MUSICIANS AND HISTORICAL
INTERPRETERS WHO GIVE THE CHILDREN A GLIMPSE OF WHAT THEIR LIVES MIGHT
HAVE BEEN LIKE DURING BUFFALO BILL'S ERA. COWBOY SONGS & RANGE BALLADS
PROVIDES AN OPPORTUNITY FOR STUDENTS TO LEARN MORE ABOUT THEIR WESTERN
HERITAGE THROUGH STORIES AND SONGS. CHILDREN LEARN ABOUT COWBOYS,
RANCHING AND AGRICULTURE, AND UNIQUE AND HOMEMADE INSTRUMENTS. GREATER
YELLOWSTONE ADVENTURE INCREASES UNDERSTANDING AND APPRECIATION FOR THE
RELATIONSHIPS THAT BIND HUMANS TO NATURE IN THE WEST - SPECIFICALLY THE
GREATER YELLOWSTONE REGION. ARTLIFE! IS A DAY-LONG SERIES OF ACTIVITIES
THAT BROADENS STUDENTS' EXPOSURE TO CONTEMPORARY ART AND LIVING
ARTISTS.

PLAINS INDIAN MUSEUM SEMINAR

THE PLAINS INDIAN MUSEUM SEMINAR IS AN ANNUAL PROGRAM OF THE BUFFALO
BILL HISTORICAL CENTER WHICH ATTRACTS SCHOLARS, ARTISTS, AND OTHER
INTERESTED PEOPLE FOR PRESENTATIONS AND DISCUSSIONS RELATED TO THE
ARTS, CULTURES, AND HISTORIES OF THE PLAINS INDIANS. PAST PROGRAMS HAVE
FOCUSED ON SUCH TOPICS AS SACRED LANDS, EDUCATION, MUSIC AND DANCING,
AND VARIOUS ASPECTS OF PLAINS INDIAN ARTS. EACH YEAR, THE SEMINAR
INCLUDES A FIELD TRIP. TYPICALLY, AUDIENCES ARE LOCAL AND REGIONAL. FOR
THE FIRST TIME IN THE SEMINAR'S THIRTY-ONE-YEAR HISTORY, THE 2007
PROGRAM INCLUDED AS INVITED GUESTS MAORI EDUCATORS FROM NEW ZEALAND WHO
PARTICIPATED IN THE FOUR-DAY SEMINAR AND WERE FEATURED IN THE KEYNOTE
PRESENTATION, ATTENDED BY COMMUNITY MEMBERS AS WELL AS SEMINAR

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

PARTICIPANTS. OUR PARTNERS IN THIS UNPRECEDENTED EDUCATIONAL AND CULTURAL EXCHANGE WERE THE WIND RIVER INDIAN RESERVATION, THE UNIVERSITY OF WYOMING AMERICAN INDIAN STUDIES PROGRAM, THE WYOMING HUMANITIES COUNCIL, AND THE WYOMING ARTS COUNCIL.

GALLERY PRESENTATIONS

DURING SUMMER MONTHS, WE INVITE SPECIAL PRESENTERS TO THE BBHC TO DEMONSTRATE THEIR SKILLS IN THE GALLERIES. PRESENTERS ARE SPECIFIC TO THE DISCIPLINES OF THE GALLERIES. THEY INTERACT WITH THE VISITORS TO HELP THE AUDIENCES UNDERSTAND THEIR CRAFT OR TRADE. PRESENTATIONS INCLUDE: PRINTING PRESS WITH MIKE PARKER, SPINNING AND WEAVING WITH DEBBIE CRAM, FLY FISHING WITH MATT WILHELM, ARCHEOLOGY WITH LARRY TODD, BEAR AWARENESS WITH THE U.S. FOREST SERVICE, GUN ENGRAVING WITH BILL JOHNS, AND ART DEMONSTRATIONS WITH ALLAN MARDON, BRUCE GRAHAM, JULIE ORIET, AND AURTHUR MIOTTE.

COE AUDITORIUM PROGRAMS

SPECIAL PRESENTERS AND OUR OWN CURATORS DO PROGRAMS IN THE COE AUDITORIUM THROUGHOUT THE SUMMER FOR OUR VISITORS. THEY ATTRACT BOTH OUR GENERAL VISITORS AND OUR LOCAL COMMUNITY MEMBERS TO SIT AND RELAX FOR APPROXIMATELY 45 MINUTES OF INTERPRETATION AND ENTERTAINMENT. THE PROGRAMS ARE PRIMARILY DESIGNED FOR ADULT AUDIENCES. TOPICS INCLUDE: CELEBRATING RAPTORS, HISTORY OF FIREARMS, COWBOY MUSIC, WIND RIVER MUSIC AND DANCERS, YOGI BEAR'S 50TH YEAR COMMEMORATION, AND BUFFALO BILL REENACTMENT.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

EDUCATIONAL GOALS

BASED ON THE STRATEGIC PLAN OF THE BUFFALO BILL HISTORICAL CENTER THE
EDUCATION DEPARTMENT DEVELOPED THIS STRATEGIC PLAN FOR EDUCATIONAL AND
INTERPRETIVE SERVICES.

I. PERSONAL INTERPRETATION

GOAL: STRENGTHEN AND EXPAND INTERPRETIVE SERVICES AND PROGRAMS IN THE
CENTER'S GALLERIES BY PROVIDING AUTHENTIC, ENGAGING, AND RELEVANT
CONSISTENT AND EXCELLENT PERSONAL INTERPRETATION.

OBJECTIVE: FACILITATE DISCUSSIONS ABOUT CENTER-WIDE INTERPRETIVE GOALS
IN ORDER TO CREATE 2-3 INTERPRETIVE THEMES THAT CROSS DISCIPLINES.

OBJECTIVE: STRENGTHEN INTERPRETIVE TRAINING AND EVALUATION FOR STAFF
AND DOCENT INTERPRETERS TO ELEVATE INTERPRETIVE SERVICES TO MEET BBHC
AND NAI STANDARDS. IN 2009, WE HAD QUALITY WEEKLY GALLERY INTERPRETIVE
PROGRAMS, AS WELL AS "FRONT LAWN" INTERPRETIVE PROGRAMS INCLUDING CHUCK
WAGON AND BLACKSMITH DEMONSTRATIONS. IN 2010, WE HOPE TO HAVE
ADDITIONAL QUALITY WEEKLY INTERPRETIVE PROGRAMS TO INCLUDE MORE
FAMILY-CENTERED ACTIVITIES.

OBJECTIVE: 1) SCREEN INCOMING DOCUMENTS MORE THOROUGHLY TO ENSURE
QUALITY COMMUNICATION AND PROGRAMMING. 2) ENGAGE MORE DOCENTS AND
EDUCATION STAFF IN GALLERY INTERPRETATION.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

II. FAMILY & YOUTH SERVICES

GOAL: IMPROVE FAMILY-FRIENDLY EXPERIENCES AT THE BBHC.

OBJECTIVE: CREATE A "FAMILIES W/ CHILDREN" MASTER PLAN, WHICH IDENTIFIES EXISTING SPACES, SERVICES, AND PROGRAMS THAT ARE IDEAL FOR NOISE AND MOVEMENT AND WHICH DESIGNS FUTURE GROWTH AND IMPROVEMENT OF THE SAME.

OBJECTIVE: ENHANCE FAMILY AREAS AND INTERACTIVE ELEMENTS IN THE GALLERIES.

A. IMPLEMENTED SEVERAL INTERACTIVE STATIONS FOR THE RE-INSTALLATION OF THE WHITNEY GALLERY

B. SEASON'S OF DISCOVERY GALLERY - GALLERY FOR CHILDREN UNDER THE AGE OF 12

C. BY 2011 ENHANCE THE BOYHOOD HOME

OBJECTIVE: PROVIDE A BROADER RANGE OF FAMILY PRESENTATIONS AND ACTIVITIES.

A. OFFERINGS INCLUDING ART IN THE GARDEN AND GAMES IN THE GARDEN.

B. GALLERY PRESENTERS AND COE AUDITORIUM PROGRAMMING

OBJECTIVE: STRENGTHEN FAMILY AND CHILDREN COMMUNITY-BASED PROGRAMMING.

A. DISCOVERY CAMP

B. PLACE-BASED DAY HIKES WHICH STRENGTHEN APPRECIATION FOR LOCAL LANDMARKS IN YOUNG ADULTS, IE, HIKE TO HEART MOUNTAIN AND HIKE TO THE MCCOLLOUGH PEAKS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

FORM 990, PART VI, SECTION A, LINE 1: THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES SHALL HAVE AND MAY EXERCISE ALL OF THE POWER AND AUTHORITY OF THE BOARD OF TRUSTEES DURING INTERVALS BETWEEN REGULAR MEETINGS OF THE BOARD OF TRUSTEES, EXCEPT AS HEREINAFTER LIMITED FROM TIME TO TIME BY RESOLUTION OF THE BOARD OF TRUSTEES AND AS LIMITED BY APPLICABLE LAW. THE EXECUTIVE COMMITTEE SHALL CONSIST OF ALL OF THE OFFICERS OF THE CENTER AND ADDITIONAL TRUSTEES NOT TO EXCEED FIFTEEN MEMBERS OF THE BOARD OF TRUSTEES. THE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL BE APPOINTED BY THE CHAIRMAN IMMEDIATELY AFTER THE ELECTION OF TRUSTEES AT THE REGULAR MEETING OF THE BOARD OF TRUSTEES HELD IN THE MONTH OF SEPTEMBER IN EACH YEAR, AND SHALL BE RATIFIED BY RESOLUTION ADOPTED BY MAJORITY VOTE OF THE TRUSTEES PRESENT AND VOTING AT SUCH MEETING.

FORM 990, PART VI, SECTION A, LINE 2: ALAN K. SIMPSON AND COLIN M. SIMPSON ARE FATHER AND SON RESPECTIVELY. ALAN K. SIMPSON AND COLIN M. SIMPSON ARE BUSINESS PARTNERS RESPECTIVELY. JOHN R. CALDWELL AND JOAN C. DONNER ARE IN-LAWS (SPOUSE OF BROTHER OR SISTER). ERNEST J. GOPPERT, JR. AND DEBORAH G. HOFSTEDT ARE FATHER AND DAUGHTER RESPECTIVELY.

FORM 990, PART VI, SECTION A, LINE 4: ON JUNE 19, 2009 BY-LAW CHANGES WERE APPROVED. THESE CHANGES INCLUDE:

1. A CHANGE IN THE NUMBER OF TRUSTEES FROM 41 TO A RANGE OF NO LESS THAN 35 AND NO MORE THAN 45.
2. A DISCLOSURE OF CONFLICTS OF INTEREST IS NOW REQUIRED AT THE BEGINNING OF EACH MEETING OF THE TRUSTEES OR ANY OTHER COMMITTEE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

3. THE VOTING REQUIREMENT TO NAME AN EMERITUS TRUSTEE HAS BEEN CHANGED FROM A UNANIMOUS VOTE TO A THREE-FOURTHS VOTE OF THE TRUSTEES.

4. THE MEETING NOTICE PROVISIONS WERE BROADENED TO ALLOW FOR THE NOTIFICATION OF TRUSTEES BY ELECTRONIC MEANS OR BY A PERSONAL TELEPHONE CALL.

5. THE NEW BY-LAWS CREATE A NEW OFFICER POSITION, TREASURER. THE ROLE OF TREASURER AND ANY ASSISTANT TREASURER IS DEFINED.

6. THE ROLE OF EXECUTIVE DIRECTOR IS MORE CLEARLY OUTLINED.

7. ALL BOARD OF TRUSTEE OFFICERS SHALL BE EXEMPT FROM TERM LIMITS OF TRUSTEES WHILE THEY SERVE AS AN OFFICER.

8. THE NUMBER OF STANDING COMMITTEES WAS REDUCED FROM TWELVE TO SIX AND THE ROLES OF THE SIX COMMITTEES WERE DEFINED.

9. ADVISORS WERE ESTABLISHED TO ADVISE THE CENTER, RATHER THAN ADVISORY BOARDS. ADVISORS SERVE ON BOARDS AND COMMITTEES APPROVED BY THE TRUSTEES AND HAVE SPECIFIC DUTIES AND REQUIREMENTS.

FORM 990, PART VI, SECTION B, LINE 11: THE CHAIRMAN OF THE BOARD FINANCE COMMITTEE REVIEWS THE DRAFT, ALONG WITH THE DIRECTOR, ACCOUNTING MANAGER, AND STAFF ACCOUNTANT PRIOR TO FILING. A COPY IS DISTRIBUTED TO THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY COVERS TRUSTEES AND OFFICERS. NEW TRUSTEES ARE ASKED TO REVIEW AND SIGN INDICATING THEY ARE BOUND BY THE POLICY. THE CHAIRMAN OF THE BOARD ASKS FOR DECLARATION OF CONFLICT IN EVERY MEETING.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR WAS HIRED IN 2008, WITH THE HELP OF AN OUTSIDE EXECUTIVE SEARCH FIRM. THE SEARCH PROVIDED EXTENSIVE MARKET KNOWLEDGE AND THE COLLECTIVE EXPERTISE OF COMPENSATION PROFESSIONALS TO THE BBMA. OTHER RESOURCES INCLUDE INDUSTRY COMPENSATION SURVEYS. THE BOARD OF TRUSTEES APPROVED CONTINUING THE DIRECTOR'S COMPENSATION AT THE 2008 LEVEL. THE REASON FOR THIS WAS:

1. THE IMPACT OF THE RECESSION ON THE CENTER'S FUNDING MADE INCREASING COMPENSATION DIFFICULT
2. THE DIRECTOR VOLUNTEERED TO FORGO AN INCREASE IN COMPENSATION. THE BOARD APPROVED THE 2009 BUDGET WITHOUT CHANGE TO COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AS REQUIRED BY THE STATE OF WYOMING.

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

2009

Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning _____, and ending _____

A <input type="checkbox"/> Check box if address changed	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BUFFALO BILL MEMORIAL ASSOCIATION Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. 720 SHERIDAN AVENUE City or town, state, and ZIP code CODY, WY 82435	D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 83-0180403 E Unrelated business activity codes (See instructions for Block E on page 9.) 453220
C Book value of all assets at end of year 153380984.		F Group exemption number (See instructions for Block F.) ▶ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. **▶ SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **▶** Yes No
 If "Yes," enter the name and identifying number of the parent corporation. **▶**

J The books are in care of **▶ MEG KATH** Telephone number **▶ 307-578-4044**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales 39,632.			
b Less returns and allowances c Balance ▶	1c 39,632.		
2 Cost of goods sold (Schedule A, line 7)	2 19,362.		
3 Gross profit. Subtract line 2 from line 1c	3 20,270.		20,270.
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13 20,270.		20,270.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	6,935.
16 Repairs and maintenance		16	31.
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules.)		20	
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule) SEE STATEMENT 2		28	1,848.
29 Total deductions. Add lines 14 through 28		29	8,814.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	11,456.
31 Net operating loss deduction (limited to the amount on line 30)		31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	11,456.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)		33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	10,456.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number 83-0180403
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 720 SHERIDAN AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CODY, WY 82435	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

MARGARET KATH

- The books are in the care of ▶ **720 SHERIDAN AVENUE - CODY, WY 82414**
 Telephone No. ▶ **307-587-4771** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2009** or
 ▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	35c	1,568.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	1,568.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	1,568.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	1,568.
44a Payments: A 2008 overpayment credited to 2009	44a	2,642.
b 2009 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44f	
45 Total payments. Add lines 44a through 44f	45	2,642.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	1,074.
49 Enter the amount of line 48 you want: Credited to 2010 estimated tax 1,074. Refunded 0.	49	

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

COST

1 Inventory at beginning of year	1	4,686.	6 Inventory at end of year	6	4,637.
2 Purchases	2	19,313.	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	19,362.
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5	23,999.			

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 true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	EXECUTIVE DIRECTOR/CEO	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Preparer's signature	Date	Preparer's SSN or PTIN	
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP code	Check if self-employed <input type="checkbox"/>	EIN	Phone no.
	EIDE BAILLY LLP 401 N 31ST ST SUITE 1120, PO BOX 7112 BILLINGS, MT 59103-7112		P00626792	45-0250958 406-896-2400

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 18)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income. Rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

Table with 4 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions. Rows (1) through (4).

Table with 5 columns: 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Rows (1) through (4).

Totals Enter here and on page 1, Part I, line 7, column (A) 0. Enter here and on page 1, Part I, line 7, column (B) 0.

Total dividends-received deductions included in column 8 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Rows (1) through (4).

Totals Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) 0. Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
			%
			%
			%
			%
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 1
------------	---	-------------

OPERATION OF A GIFT, NOVELTY, AND SOUVENIR SHOP

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
------------	------------------	-------------

DESCRIPTION	AMOUNT
SUPPLIES	628.
TRAVEL AND ENTERTAINMENT (50% ALLOWABLE PORTION)	155.
TELEPHONE	13.
ADVERTISING/SIGNS	33.
MISCELLANEOUS	51.
CREDIT CARD DISCOUNTS	773.
PROFESSIONAL FEES	57.
SMALL EQUIPMENT	105.
PROPERTY TAX	33.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,848.