

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)

2010

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 2010 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	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 \$ 17,314,277.
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	
F Name and address of principal officer: BRUCE B. ELDREDGE SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (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: TO EDUCATE & ENTERTAIN WORLDWIDE AUDIENCES ABOUT THE PAST, PRESENT, & FUTURE OF THE AMERICAN WEST.		
	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	42
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	42
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	210
	6 Total number of volunteers (estimate if necessary)	6	275
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	17,436.
b Net unrelated business taxable income from Form 990-T, line 34	7b	8,418.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,602,196.	7,113,533.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,088,440.	2,196,114.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,547,127.	1,016,407.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	943,526.	1,104,331.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,087,035.	11,430,385.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	85,800.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,506,006.	5,406,263.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,705,371.	4,777,074.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,211,377.	10,269,137.
19 Revenue less expenses. Subtract line 18 from line 12	-9,124,342.	1,161,248.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	153,380,984.	158,325,888.
	22 Net assets or fund balances. Subtract line 21 from line 20	166,403.	223,260.
		153,214,581.	158,102,628.

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. ELDREDGE, EXECUTIVE DIRECTOR/CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	JEREMY G. HAUK		
	Firm's name	Firm's EIN	Check if self-employed <input type="checkbox"/>
EIDE BAILLY LLP			PTIN
Firm's address		Phone no.	
401 N 31ST ST STE 1120, PO BX 7112		406-896-2400	
BILLINGS, MT 59103-7112			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE CENTER IS THE WORLD 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, & FUTURE OF THE AMERICAN WEST.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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.

4a (Code:) (Expenses \$ 6,172,181. including grants of \$) (Revenue \$ 2,815,372.) CURATORIAL, COLLECTIONS & CONSERVATION PLAN:

INTRODUCTION

THE CONSERVATION AND COLLECTIONS DEPARTMENTS HAVE RESPONSIBILITY FOR MORE THAN 100,000 COLLECTION OBJECTS (MANY WITH MULTIPLE PARTS) INSIDE THE MUSEUM; 2,000 LINEAL FEET OF ARCHIVAL AND MANUSCRIPT COLLECTIONS; AND 500,000 HISTORIC PHOTOGRAPHS DEPICTING THE AMERICAN WEST. IN ADDITION, A MAJOR OUTDOOR SCULPTURE COLLECTION AND SCULPTURE GARDEN CONTAINS A COLLECTION OF OVER 20 BRONZES AND FERROUS OBJECTS. ALL OF THESE COLLECTIONS WILL GROW IN THE FUTURE. AS THE ONLY CONSERVATION LABORATORY WITHIN AN INSTITUTION IN WYOMING, THE CONSERVATOR ROUTINELY RESPONDS TO INQUIRIES FROM THE PUBLIC, AND MUSEUMS IN WYOMING AND THE

4b (Code:) (Expenses \$ 1,171,095. including grants of \$) (Revenue \$)

SEE SCHEDULE O

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 7,343,276.

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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	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>	X	
b	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>		X
c	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>		X
d	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>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		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
b	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, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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 (or a family member thereof) 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)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Contains various tax-related questions and their corresponding responses.

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a		42
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b		42
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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant 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
b	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:		
a	The governing body?	X	
b	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
b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	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
b	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

Check if Schedule O contains a response to any question in this Part VII

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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 (describe hours for related organizations in Schedule O)	(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.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							297,893.	0.	51,422.	
d Total (add lines 1b and 1c)							297,893.	0.	51,422.	

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 **2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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			
HARRIET STUART SPENCER TRUSTEE	1.00	X						0.	0.	0.
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				175,487.	0.	28,253.
WENDY K. SCHNEIDER DIRECTOR OF DEVELOPMENT	45.00				X			122,406.	0.	23,169.
Total to Part VII, Section A, line 1c								297,893.		51,422.

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					
	b	Membership dues	802,195.				
	c	Fundraising events	153,022.				
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	6,158,316.				
	g	Noncash contributions included in lines 1a-1f: \$	1,484,076.				
	h	Total. Add lines 1a-1f	7,113,533.				
	Program Service Revenue	2 a	ADMISSION CHARGES	713990 2,067,759.	2,067,759.		
b		MISCELLANEOUS INCOME	713990 128,355.	128,355.			
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f	2,196,114.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		867,624.		867,624.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real				
		Less: rental expenses	(ii) Personal				
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	5074737.	500.		
		Less: cost or other basis and sales expenses	(ii) Other	4926454.			
		Gain or (loss)		148,283.	500.		
		Net gain or (loss)		148,783.			148,783.
	8 a	Gross income from fundraising events (not including \$ 153,022. of contributions reported on line 1c). See Part IV, line 18		279,735.			
		Less: direct expenses		134,127.			
		Net income or (loss) from fundraising events		145,608.			145,608.
	9 a	Gross income from gaming activities. See Part IV, line 19					
Less: direct expenses							
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances		1782034.				
	Less: cost of goods sold		823,311.				
	Net income or (loss) from sales of inventory		958,723.	619,258.	17,436.	322,029.	
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		11430385.	2,815,372.	17,436.	1484044.	

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	85,800.	85,800.		
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				
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	4,088,728.	2,947,424.	674,702.	466,602.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	109,803.	72,459.	21,631.	15,713.
9 Other employee benefits	785,400.	568,120.	131,836.	85,444.
10 Payroll taxes	422,332.	317,654.	62,640.	42,038.
11 Fees for services (non-employees):				
a Management	41,247.	23,369.	17,878.	
b Legal	1,039.	509.	530.	
c Accounting	59,951.	29,376.	30,575.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	240,121.	240,121.		
g Other	428,047.	324,684.	35,594.	67,769.
12 Advertising and promotion	176,204.	40,549.	134,650.	1,005.
13 Office expenses	539,658.	365,792.	130,994.	42,872.
14 Information technology	269,906.	118,960.	109,272.	41,674.
15 Royalties				
16 Occupancy	439,643.	287,705.	151,938.	
17 Travel	265,742.	151,489.	56,191.	58,062.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,151.	9,154.	2,448.	5,549.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,584,945.	1,373,613.	207,945.	3,387.
23 Insurance	138,780.	87,551.	51,229.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a ENTERTAINMENT	173,189.	58,358.	17,828.	97,003.
b PUBLICATIONS	131,159.	49,766.	49,581.	31,812.
c BAD DEBT EXPENSE	81,539.	73,708.	7,831.	
d REPAIR & MAINTENANCE	75,183.	47,572.	27,406.	205.
e UBI TAXES	5,637.		5,637.	
f All other expenses	107,933.	69,543.	15,237.	23,153.
25 Total functional expenses. Add lines 1 through 24f	10,269,137.	7,343,276.	1,943,573.	982,288.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	858,098.	1	1,588,171.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	2,160,812.	3	2,019,591.	
	4 Accounts receivable, net	62,006.	4	65,720.	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	709,655.	8	684,641.	
	9 Prepaid expenses and deferred charges	116,731.	9	138,922.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 54,141,420.			
	b Less: accumulated depreciation	10b 20,701,987.			
		33,579,340.	10c	33,439,433.	
	11 Investments - publicly traded securities	32,349,584.	11	35,205,034.	
	12 Investments - other securities. See Part IV, line 11	6,701,932.	12	6,929,366.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
15 Other assets. See Part IV, line 11	76,842,826.	15	78,255,010.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	153,380,984.	16	158,325,888.		
Liabilities	17 Accounts payable and accrued expenses	166,403.	17	223,260.	
	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	166,403.	26	223,260.	
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	20,414,113.	27	19,737,872.	
	28 Temporarily restricted net assets	105,856,184.	28	108,777,830.	
	29 Permanently restricted net assets	26,944,284.	29	29,586,926.	
	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	153,214,581.	33	158,102,628.	
34 Total liabilities and net assets/fund balances	153,380,984.	34	158,325,888.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,430,385.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,269,137.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,161,248.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	153,214,581.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,726,799.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	158,102,628.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
3b	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.	X	

Form 990 (2010)

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

2010

Open to Public Inspection

Name of the organization BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number 83-0180403
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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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11021854.	24389981.	5801483.	4602196.	7113533.	52929047.
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	11021854.	24389981.	5801483.	4602196.	7113533.	52929047.
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)						
6 Public support. Subtract line 5 from line 4.						52929047.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	11021854.	24389981.	5801483.	4602196.	7113533.	52929047.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1079296.	995,890.	807,636.	836,871.	867,624.	4587317.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	6,585.	12,023.	7,245.	9,888.	9,418.	45,159.
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						57561523.
12 Gross receipts from related activities, etc. (see instructions)					12	24,393,711.
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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	91.95	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	90.76	%
16a 33 1/3% support test - 2010. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. 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	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. 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	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. 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	<input type="checkbox"/>		
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	<input type="checkbox"/>		

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2010. 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 - 2009. 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

2010

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 Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number 83-0180403
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>211,000.</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>154,936.</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>3</u>	_____ _____ _____	\$ <u>404,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>600,000.</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>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>1,110,265.</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	Employer identification number
BUFFALO BILL MEMORIAL ASSOCIATION	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
2	MOVING AND STORAGE FEES FOR TEN LIGHTED DISPLAY CABINETS FROM SALT LAKE CITY, UT TO CODY, WY.	\$ 4,895.	06/01/10
3	FIREARMS AND ACCESSORIES ASSOCIATED WITH THE SHUTZEN COMPETITIVE SHOOTING TEAM FOR COORS.	\$ 404,000.	08/05/10
4	OVER 36 FIREARMS AND 1 PAIR OF IVORY GRIP PANELS	\$ 600,000.	12/20/10
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2010

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).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

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, and not on a historic structure listed in the National Register	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 (ASC 958), 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 (ASC 958), 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

▶ \$ 1,412,184.

(ii) Assets included in Form 990, Part X

▶ \$ 78,255,010.

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 (ASC 958) 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 the 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	38,186,989.	32,581,471.	39,865,622.		
b Contributions	601,723.		11,427,287.		
c Net investment earnings, gains, and losses	4,757,540.	8,140,731.	-16,646,587.		
d Grants or scholarships					
e Other expenditures for facilities and programs	2,394,628.	2,535,213.	2,064,851.		
f Administrative expenses					
g End of year balance	41,151,624.	38,186,989.	32,581,471.		

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

- a Board designated or quasi-endowment 38.25 %
- b Permanent endowment 55.43 %
- c Term endowment 6.32 %

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

	Yes	No
(i) unrelated organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI 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		39,239,861.	11,036,321.	28,203,540.
c Leasehold improvements		695,854.	656,251.	39,603.
d Equipment		2,252,806.	1,806,663.	446,143.
e Other		11,787,399.	7,202,752.	4,584,647.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				33,439,433.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1) ART & BRONZES	25,861,085.
(2) ARTIFACTS, PHOTOS, MEMORABILIA	52,393,925.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	78,255,010.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) 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 (ASC 740).

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	11,430,385.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,269,137.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,161,248.
4	Net unrealized gains (losses) on investments	4	3,860,675.
5	Donated services and use of facilities	5	31,057.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-164,933.
9	Total adjustments (net). Add lines 4 through 8	9	3,726,799.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	4,888,047.

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	16,424,194.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,860,675.
b	Donated services and use of facilities	2b	31,057.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	3,891,732.
3	Subtract line 2e from line 1	3	12,532,462.
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	240,121.
b	Other (Describe in Part XIV.)	4b	-1,342,198.
c	Add lines 4a and 4b	4c	-1,102,077.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,430,385.

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

1	Total expenses and losses per audited financial statements	1	11,536,147.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	164,933.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	1,342,198.
e	Add lines 2a through 2d	2e	1,507,131.
3	Subtract line 2e from line 1	3	10,029,016.
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	240,121.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	240,121.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,269,137.

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 CENTER HAS OVER 100,000 OBJECTS; 500,000

HISTORICAL PHOTOGRAPHS; 30,000 BOOKS; AND 2,000 LINEAR FEET OF DOCUMENTS AND RECORDS IN ITS COLLECTIONS. THE CENTER IS NOTED FOR ITS PLAINS INDIAN CULTURAL OBJECTS, WESTERN ART, FIREARMS, AND HISTORICAL OBJECTS RELATED TO WILLIAM F. "BUFFALO BILL" CODY. THE CENTER USES THESE COLLECTIONS TO DRAW ALMOST 200,000 VISITORS TO OUR FACILITY ANNUALLY THROUGH INTERACTIVE AND INTERPRETIVE PROGRAMS INCLUDING EXHIBITIONS, ADULT AND FAMILY PROGRAMS, SCHOLARLY LECTURES, RESEARCH PROJECTS AND SIMILAR PROGRAMS. THE CENTER

Part XIV Supplemental Information (continued)

REACHES ALMOST 500,000 INDIVIDUAL WEB USERS EACH YEAR WHO ACCESS
COLLECTIONS, PROGRAMS AND INFORMATION ABOUT THE AMERICAN WEST ON-LINE
THROUGH OUR WEBSITE.

PART V, LINE 4: ENDOWMENTS WERE RESTRICTED FOR THE FOLLOWING PURPOSES
AT DECEMBER 31, 2010: GENERAL AND ADMINISTRATIVE, CURATORIAL &
CONSERVATION, COLLECTIONS, AND EDUCATIONAL PROGRAMS.

PART X, LINE 2: THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES
UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR INCOME
FROM THE SALE OF CERTAIN ITEMS BY THE ASSOCIATION'S GIFT SHOP. INCOME
TAXES RELATED TO THESE SALES WERE NOT MATERIAL DURING THE YEARS ENDED
DECEMBER 31, 2010 OR 2009.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

DONATED SERVICES RECEIVED EXPENSE	-164,933.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES NETTED WITH REVENUE ON TAX RETURN	-134,127.
COST OF GOODS SOLD NETTED WITH REVENUE ON TAX RETURN	-823,311.
RECLASSIFICATION OF NET ASSETS	-384,760.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-1,342,198.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES NETTED WITH REVENUE ON TAX RETURN	134,127.
RECLASSIFICATION OF NET ASSETS	384,760.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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	432,757.			432,757.
	2 Less: Charitable contributions	153,022.			153,022.
	3 Gross income (line 1 minus line 2)	279,735.			279,735.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	67,703.			67,703.
	6 Rent/facility costs				
	7 Food and beverages	66,424.			66,424.
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(134,127)
	11 Net income summary. Combine line 3, column (d), and line 10				145,608.

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					

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? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 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? Yes No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| 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? Yes No
- 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? Yes No
- 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 ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CIWAS FELLOWSHIPS	15	85,500.	0.		
SCHOLARSHIPS	1	300.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: ONCE THE FELLOWS ARE AWARDED, THEIR WORK SITUATIONS ARE FULLY DEVELOPED AND MONITORED BY THE PROGRAM COORDINATOR. WHILE HERE, THE FELLOWS MEET WITH CURATORIAL STAFF AND ADMINISTRATION FOR DISCUSSION OF THE EXPECTATIONS WE HAVE OF THEIR WORK. THEY ALSO SIGN A CONTRACT. THEY HAVE SET WORK REQUIREMENTS, EITHER IN RESIDENCE OR IN FIELD WORK, A MEET-AND-GREET RECEPTION WITH CURATORIAL AND EDUCATION DEPARTMENTS, AND A FINAL REPORT MADE TO THE GENERAL PUBLIC PLUS STAFF. STAFF INTERACTS WITH THE FELLOWS DAILY AND DISCUSSES OUTCOMES WITH THEM IN A FINAL REVIEW MEETING AFTER THEIR PRESENTATION.

**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

2010

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 from the organization or a related organization?</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 Regulations 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 Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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				
1 BRUCE ELDREDGE	(i)	174,811.	0.	676.	7,233.	22,078.	204,798.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

**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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	17	91,550.	OPINION OF EXPERT
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		90,677.	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	263	625,918.	OPINION OF EXPERT
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	91	525,165.	OPINION OF EXPERT
23 Scientific specimens	X	1	1,000.	OPINION OF EXPERT
24 Archeological artifacts				
25 Other ▶ (<u>SPECIAL EVENT</u>)	X	125	149,766.	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 Acknowledgement **29** **11**

	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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

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:

THE BUFFALO BILL MEMORIAL ASSOCIATION (BBMA) WAS FOUNDED AS A 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 & OPERATES THE BUFFALO BILL HISTORICAL CENTER (CENTER); OVERSEEING THE CENTER'S MISSION OF SERVING THE PUBLIC BY ADVANCING KNOWLEDGE ABOUT THE AMERICAN WEST THROUGH A BROAD RANGE OF ACTIVITIES INCLUDING ACQUIRING; EXHIBITING & INTERPRETING COLLECTIONS; PRESERVING THEIR PHYSICAL & CONTEXTUAL INTEGRITY; AND HELPING THE PUBLIC UNDERSTAND THE SIGNIFICANCE OF THE AMERICAN WEST. THIS MISSION IS ACCOMPLISHED THROUGH EXHIBITIONS, THE DEVELOPMENT OF SCHOLARSHIP AND PRESENTING THE PAST, PRESENT & FUTURE IDEAS ABOUT THE AMERICAN WEST TO AUDIENCES WHO COME THROUGH OUR DOORS AND VIEW US ON THE WORLD WIDE WEB.

COMPRISED OF FIVE SECTIONS CALLED "MUSEUMS" AND A RESEARCH LIBRARY, THE CENTER HAS, OVER THE YEARS, BECOME MUCH MORE THAN A MONUMENT TO THE LIFE AND TIMES OF BUFFALO BILL. IT IS OFTEN REFERRED TO AS THE "SMITHSONIAN OF THE WEST." THE CENTER SERVES ALMOST 200,000 VISITORS ANNUALLY ON SITE IN CODY, WY AND APPROXIMATELY 500,000 ANNUALLY VIA OUR WEBSITE. IN 2008 DURING A WHITE HOUSE CEREMONY, THE CENTER RECEIVED THE NATIONAL MEDAL FOR MUSEUM SERVICE, THE HIGHEST AWARD GRANTED BY THE FEDERAL GOVERNMENT. THE AWARD RECOGNIZES THE SERVICES THE CENTER OFFERS TO THE COMMUNITY.

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

WESTERN NON-COASTAL STATES. THE COLLECTIONS MANAGERS ALSO ROUTINELY COUNSEL AND GIVE AID TO SMALLER INSTITUTIONS AND INDIVIDUALS IN WYOMING AND THE ROCKY MOUNTAIN REGION.

THE CENTER SUCCESSFULLY COMPLETED ITS FOURTH REACCREDITATION BY THE AMERICAN ASSOCIATION OF MUSEUMS WHICH MEANS THAT THE CENTER IS IN THE TOP 800 MUSEUMS OUT OF OVER 18,000 NATIONALLY. THE CENTER HAS BEEN ACCREDITED CONTINUOUSLY SINCE 1972. A COMPREHENSIVE COLLECTION POLICY OUTLINES ALL ASPECTS OF THE OPERATIONS, CARE, DOCUMENTATION AND HANDLING OF OUR COLLECTIONS. THE POLICY SERVES AS A MODEL FOR OTHER INSTITUTIONS.

THE 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 INTEGRATED PEST MANAGEMENT HAS BEEN ONGOING UNDER THE SUPERVISION OF THE COLLECTIONS MANAGERS FOR DECADES; THE TRAPS ARE MONITORED AT A MINIMUM OF EVERY SIX MONTHS. THE OPERATIONS STAFF RECEIVES STATE OF THE ART TRAINING ANNUALLY. THE SET POINTS FOR OLD AND NEW BUILDINGS ARE: 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.

INTERPRETIVE PHILOSOPHY, STRATEGY AND CONTENT:

THE CENTER ASPIRES TO BE "THE WORLD'S FOREMOST AUTHORITY AND INTERPRETER OF THE AMERICAN WEST." OUR MISSION STATEMENT READS "THROUGH

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OUR IDEAS, COLLECTIONS, AND PROGRAMS, WE EDUCATE AND ENTERTAIN
WORLDWIDE AUDIENCES ABOUT THE PAST, PRESENT AND FUTURE OF THE AMERICAN
WEST."

THE CENTER IS MOVING TO HOLISTICALLY INTERPRET THE AMERICAN WEST AND
HAS CHANGED ITS TACTICS FROM PROMOTING FIVE SEPARATE MUSEUMS TO
PROMOTING THE CENTER AS ONE ENTITY WHICH CAN INTERPRET THE AMERICAN
WEST FROM DIFFERENT AND YET COMPLEMENTARY PERSPECTIVES. THE CENTER HAS
ESTABLISHED THE IDEA OF "THE AMERICAN WEST TRANSCENDS TIME AND PLACE."
THIS MEANS THAT YOU DO NOT HAVE TO BE HERE IN THE WEST TO EXPERIENCE
THE TRAITS AND CHARACTERISTICS OF WHAT THE AMERICAN WEST IS ALL ABOUT.
YOU CAN DO THAT VIRTUALLY VIA TECHNOLOGY AND THROUGH OUR EXHIBITS AND
PROGRAMS THAT TRAVEL ACROSS THE COUNTRY AND AROUND THE WORLD.

THEMES:

THE CENTER HAS ESTABLISHED FOUR THEMES THAT WILL BE USED AS BUILDING
BLOCKS TO INTERPRET THE AMERICAN WEST. THESE THEMES ARE:

- DIVERSE PEOPLE IN REMARKABLE LANDSCAPES
- RELATIONSHIPS AMONG PEOPLE, CULTURE, NATURE AND PLACE
- STORIES AND MYTHS ABOUT THE AMERICAN WEST
- THE UNIVERSAL AND ENDURING VALUES OF THE AMERICAN WEST THAT INFORM
THE AMERICAN CHARACTER

THE CENTER WILL CREATE EDUCATIONAL POLICY TO DRIVE THESE THEMES INTO
ALL OF OUR EXHIBITS AND PROGRAMS. IN ADDITION, A MASTER INTERPRETIVE
PLAN WILL BE CREATED TO ENSURE THAT WE ARE REACHING OUR AUDIENCES WITH
PROGRAMS AND EXHIBITS THAT EXPLAIN THE THEMES AND MEET OUR VISITOR'S
NEEDS. WE WILL EVENTUALLY EXPAND OUR AUDIENCES FROM 200,000 ON-SITE

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VISTORS TO ALMOST 300,000 VISTORS ANNUALLY. IN ADDITION, WE WILL EXPAND THE NUMBER OF UNIQUE WEBSITE VISITS FROM 500,000 TO 2,000,000 ANNUALLY.

THE CENTER HAS EMBARKED UPON A \$2,750,000 PROGRAM TO REINSTALL THE HISTORY SECTION OF THE CENTER THAT FOCUSES ON WILLIAM F. "BUFFALO BILL" CODY. PLANNING AND FUNDRAISING HAVE BEEN UNDERWAY SINCE 2008 AND CONSTRUCTION IS SCHEDULED TO BE COMPLETED IN JULY OF 2012. DURING 2010, THE CENTER REDUCED SOME PROGRAM OFFERINGS TO CLOSE THE BUDGET GAPS. THE NUMBER OF PROGRAMS WAS REDUCED BY 10% BUT WE STILL OFFER PROGRAMS TO ALL SEGMENTS OF OUR VISTORS AND COMMUNITY.

ALSO IN 2010, THE CENTER'S TRUSTEES BEGAN A STRATEGIC PLANNING PROCESS THAT SETS THE COURSE FOR THE DEVELOPMENT OF THE INSTITUTION FOR THE NEXT 10 YEARS. THIS PLAN PLACES A PREMIUM ON DEVELOPING THE IDEAS AND INFORMING THE NATIONAL CHARACTER THAT ARE INHERENT IN THE AMERICAN WEST, WHICH CAN BE DESCRIBED AND EXPLAINED THROUGH THE HISTORY OF THE REGION FROM NATURAL, CULTURAL, TECHNOLOGICAL, AND HISTORICAL PERSPECTIVES.

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

EDUCATIONAL ACTIVITIES:

EDUCATION DEPARTMENT MISSION STATEMENT:

THE CENTER'S EDUCATION DEPARTMENT ADVANCES LIFELONG LEARNING ABOUT THE AMERICAN WEST BY:

- ENGAGE VISITORS IN DISCOVERY BY FOSTERING INTERACTIONS BETWEEN THE VISITOR AND OBJECTS

- ENCOURAGE THE INTERCONNECTEDNESS OF PEOPLE, CULTURES, AND NATURE

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- PROMOTE INTERACTION AMONG VISITORS AND STAFF

THE CENTER'S EDUCATION DEPARTMENT STRIVES TO MEET THE FOLLOWING STANDARDS WHEN DESIGNING AND IMPLEMENTING PROGRAMS:

- MEET THE CENTER'S OVERARCHING GOALS

- MEET THE INTERPRETIVE AND CONTENT GOALS FOR EACH OF THE FIVE

DISCIPLINES AT THE CENTER

- MEET THE MISSION, PRINCIPLES, AND INTERPRETIVE GOALS FOR THE

EDUCATION DEPARTMENT

- MEET THE NEEDS OF VARIOUS AUDIENCES

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:

1. 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 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" INSECT IDENTIFICATION PROGRAM.

2. 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

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WITH DISCUSSION; PAINTING WITH THE MASTERS (STUDIO ART CLASS); AND
BEHIND THE SCENES TOURS OF THE CENTER.

3. EACH SUMMER, EDUCATION STAFF, DOCENTS, AND INTERNS PRESENT
"SPOTLIGHT PROGRAMS" TO SUMMER VISITORS. THESE SHORT 20-MINUTE
INTERPRETIVE PRESENTATIONS PROVIDE INFORMATION TO THE VISITORS ABOUT A
PARTICULAR TOPIC WITHIN THE CENTER. PROGRAMS ARE DONE IN ALL OF THE
MUSEUMS. THESE SPOTLIGHTS ARE APPEALING TO THE VISITOR OR GENERAL
AUDIENCE. THEY TYPICALLY ARE LECTURE-BASED; HOWEVER MOST 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
POW-WOW?; AND YOUNG CHARLIE RUSSELL. EDUCATORS ALSO PROVIDE FAMILY
ACTIVITIES TO OUR VISITORS INCLUDING ART IN THE GARDEN, AND MAGNIFICENT
METAMORPHOSIS.

4. CONSIDERING ITS MISSION TO ADVANCE KNOWLEDGE ABOUT THE AMERICAN
WEST, THE 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 CULTURAL
TRADITIONS PRESENTED BY PLAINS ARTISTS, STORYTELLERS, DANCERS, AND
MUSICIANS. A CELEBRATION OF BUFFALO BILL'S BIRTHDAY INCLUDES

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INTERACTIVE ACTIVITIES LED BY MUSICIANS AND HISTORICAL INTERPRETERS WHO GIVE CHILDREN A GLIMPSE OF WHAT THEIR LIVES MIGHT HAVE BEEN LIKE DURING BUFFALO BILL'S ERA. COWBOY SONGS & RANGE BALLADS PROVIDE AN OPPORTUNITY FOR STUDENTS TO LEARN MORE ABOUT THEIR WESTERN HERITAGE THROUGH STORIES & SONGS. CHILDREN LEARN ABOUT COWBOYS, RANCHING & AGRICULTURE, AND UNIQUE & HOMEMADE INSTRUMENTS. GREATER YELLOWSTONE ADVENTURE INCREASES UNDERSTANDING & 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.

5. THE PLAINS INDIAN MUSEUM SEMINAR IS AN ANNUAL PROGRAM OF THE CENTER WHICH ATTRACTS SCHOLARS, ARTISTS, AND OTHER INTERESTED PEOPLE FOR PRESENTATIONS AND DISCUSSIONS RELATED TO THE ARTS, CULTURES, AND HISTORY 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 SEMINARS 31 YEAR HISTORY, THE 2007 PROGRAM INCLUDED INVITED GUESTS MAORI EDUCATORS FROM NEW ZEALAND WHO PARTICIPATED IN THE 4 DAY SEMINAR AND WERE FEATURED IN THE KEYNOTE PRESENTATION, ATTENDED BY COMMUNITY MEMBERS AS WELL AS SEMINAR 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.

6. DURING SUMMER MONTHS, WE INVITE SPECIAL PRESENTERS TO THE CENTER 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

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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.

7. 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.

EDUCATIONAL GOALS:

BASED ON THE STRATEGIC PLAN OF THE 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 THE CENTERS AND NAI STANDARDS. IN THE PAST, WE HAVE HAD QUALITY WEEKLY

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GALLERY INTERPRETIVE PROGRAMS, AS WELL AS "FRONT LAWN" INTERPRETIVE PROGRAMS INCLUDING CHUCKWAGON AND BLACKSMITH DEMONSTRATIONS.

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

II. FAMILY & YOUTH SERVICES:

GOAL: IMPROVE FAMILY-FRIENDLY EXPERIENCES AT THE BBHC.

-OBJECTIVE: CREATE A "FAMILIES WITH CHILDREN" MASTER PLAN, WHICH IDENTIFIES EXISTING SPACES, SERVICES, AND PROGRAMS THAT ARE IDEAL FOR NOISE AND MOVEMENT, AS WELL AS PROVIDES FOR FUTURE GROWTH AND IMPROVEMENT OF THE SAME AREAS.

-OBJECTIVE: ENHANCE FAMILY AREA AND INTERACTIVE ELEMENTS IN THE GALLERIES, WHICH HAS INCLUDED THE FOLLOWING: IMPLEMENETED SEVERAL INTERACTIVE STATIONS FOR THE RE-INSTALLATION OF THE WHITNEY GALLERY, SEASON'S OF DISCOVERY GALLERY FOR CHILDREN UNDER THE AGE OF 12 AND BY 2011 ENHANCE THE BOYHOOD HOME.

-OBJECTIVE: PROVIDE A BROADER RANGE OF FAMILY PRESENTATIONS AND ACTIVITIES BY OFFERINGS INCLUDING ART & GAMES IN THE GARDEN AND GALLERY PRESENTERS & COE AUDITORIUM PROGRAMMING.

-OBJECTIVE: STRENGTHEN FAMILY AND CHILDREN COMMUNITY BASED PROGRAMMING THROUGH DISCOVERY CAMP AND PLACE BASED DAY HIKES WHICH STRENGTHEN THE APPRECIATION FOR LOCAL LANDMARKS IN YOUNG ADULTS.

THE PAPERS OF WILLIAM F. CODY:

THE CENTER HAS AN ACTIVE RESEARCH AND SCHOLARSHIP PROGRAM FORMED AROUND SEVERAL ENTITIES WITHIN OUR MISSION. THE PAPERS OF WILLIAM F. CODY HAS EMBARKED UPON A PROGRAM TO COLLECT ALL OF CODY'S WRITINGS AND ALL

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INFORMATION THAT HAS BEEN PUBLISHED ABOUT HIM. THIS INFORMATION IS COLLECTED AND THEN PLACED ON-LINE VIA THE WEB THROUGH A PARTNERSHIP WITH THE UNIVERSITY OF NEBRASKA DIGITAL ARCHIVES. THE PAPERS OF WILLIAM F. CODY HAS ALSO PUBLISHED OR REPUBLISHED THREE BOOKS OVER THE PAST 23 YEARS INCLUDING THE DEFINITIVE NARRATIVE OF THE AUTOBIOGRAPHY OF WILLIAM F. CODY REPRINTED FOR THE FIRST TIME SINCE 1899 WITH EXTENSIVE SCHOLARLY ANNOTATIONS AND AN UPDATE ON HIS LIFE FROM THE COMPLETION OF THE AUTOBIOGRAPHY TIL HIS DEATH IN 1917. IN ADDITION, A PARTNERSHIP WITH THE UNIVERSITY OF STRATHCLYDE IN SCOTLAND IS PRODUCING TRANSLATIONS OF ALL PUBLISHED ACCOUNTS OF CODY'S TRIPS TO EUROPE WITH HIS SHOW, THE WILD WEST. OVER 20 SCHOLARS AND GRADUATE STUDENTS ARE INVOLVED WITH THIS PROJECT REPRESENTING 10 COLLEGES AND UNIVERSITIES.

STAFF RESEARCH AND SCHOLARSHIP:

THE CENTER EMPLOYS OVER 20 STAFF MEMBERS WITH ADVANCED DEGREES. SCIENTIFIC RESEARCH IS CONDUCTED ON GOLDEN EAGLES OF THE GREATER YELLOWSTONE ECO-SYSTEM. THIS UNIQUE PROJECT UNDER THE DIRECTION OF DR. CHARLES PRESTON USES A GOLDEN EAGLE POSSE OF 25 CITIZEN SCIENTISTS TO MAKE DAILY AND WEEKLY OBSERVATIONS ON OVER 50 GOLDEN EAGLE NESTS THROUGHOUT THE REGION TO ESTABLISH NESTING, REPRODUCTIVE AND MIGRATION PATTERNS FOR ONE OF AMERICA'S ENDANGERED SPECIES. DR. PRESTON REGULARLY LECTURES TO SCHOLARLY, STUDENT AND LAY AUDIENCES ON RAPTORS AND GOLDEN EAGLES. THIS WORK IS USED TO HELP FEDERAL, STATE AND LOCAL AGENCIES AND CORPORATIONS IN UNDERSTANDING THESE BIRDS IN A FRAGILE ECO-SYSTEM. HISTORICAL AND CULTURAL RESEARCH IS CONDUCTED REGULARLY BY OVER 10 STAFF MEMBERS. THE RESEARCH USED BY THE STAFF IS PRESENTED AT PROFESSIONAL CONFERENCES AND SYMPOSIA RELATED TO HISTORY, AMERICAN INDIAN CULTURE, FIREARM TECHNOLOGY, AND ART & OTHER HUMANITIES BASED

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ACTIVITIES. OVER THE PAST THREE YEARS, STAFF RESEARCH HAS BEEN PRESENTED AT 15 CONFERENCES AND RESULTED IN THE PRODUCTION OF 5 EXHIBITIONS AND THE PUBLICATION OF 3 CATALOGS AND GALLERY GUIDES.

MCCRACKEN RESEARCH LIBRARY:

THE LIBRARY CONTRIBUTES TO SCHOLARSHIP AND RESEARCH BY MEETING THE NEEDS OF OVER 200 RESEARCHERS EACH YEAR FOR ACCESS TO SCHOLARLY AND PRIMARY SOURCE MATERIALS RELATED TO THE AMERICAN WEST. RESEARCHERS CAME FROM 30 STATES AND 5 FOREIGN COUNTRIES TO USE THE RESOURCES OF THE LIBRARY. THE LIBRARY ALSO CONDUCTS PRIMARY SOURCE CLASSES FOR HIGH SCHOOL STUDENTS IN THIS REMOTE RURAL REGION. LAST YEAR OVER 150 STUDENTS AT THE HIGH SCHOOL LEVEL LEARNED HOW TO RESEARCH, ANALYZE AND USE PRIMARY SOURCES. THIS HAS LED THE HIGH SCHOOLS IN OUR REGION TO HAVE A SIGNIFICANTLY ABOVE AVERAGE PLACEMENT IN INSTITUTIONS OF HIGHER LEARNING THAN THE NATIONAL AVERAGE.

FORM 990, PART VI, SECTION A, LINE 2: ALAN K. SIMPSON AND COLIN M. SIMPSON HAVE A FAMILY AND BUSINESS RELATIONSHIP. JOHN R. CALDWELL AND JOAN C. DONNER, AS WELL AS ERNEST J. GOPPERT, JR. AND DEBORAH G. HOFSTEDT HAVE A FAMILY RELATIONSHIP.

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

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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.

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 A RAISE FOR THE DIRECTOR BASED ON THIS INFORMATION, HOWEVER, THE DIRECTOR VOLUNTEERED TO FORGO THE INCREASE. THIS PROCESS WAS COMPLETED DURING THE 2010 TAX YEAR.

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.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	3,860,675.
DONATED SERVICES AND USE OF FACILITIES:	31,057.
DONATED SERVICES RECEIVED EXPENSE	-164,933.
TOTAL TO FORM 990, PART XI, LINE 5	3,726,799.

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

2010

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

Department of the Treasury
Internal Revenue Service

For calendar year 2010 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 instructions. 720 SHERIDAN AVENUE City or town, state, and ZIP code CODY, WY 82435	D Employer identification number (Employees' trust, see instructions.) 83-0180403 E Unrelated business activity codes (See instructions.) 453220
C Book value of all assets at end of year 158325888.	F Group exemption number (See instructions.) _____ 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 32,491.			
b Less returns and allowances _____ c Balance _____	1c 32,491.		
2 Cost of goods sold (Schedule A, line 7) _____	2 15,055.		
3 Gross profit. Subtract line 2 from line 1c _____	3 17,436.		17,436.
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 17,436.		17,436.

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	6,204.
16 Repairs and maintenance _____	16	4.
17 Bad debts _____	17	198.
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	1,612.
29 Total deductions. Add lines 14 through 28 _____	29	8,018.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 _____	30	9,418.
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	9,418.
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	8,418.

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	1,263.
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	1,263.

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	1,263.
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	1,263.
44a Payments: A 2009 overpayment credited to 2010	44a	1,074.
b 2010 estimated tax payments	44b	526.
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 Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g	
45 Total payments. Add lines 44a through 44g	45	1,600.
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	337.
49 Enter the amount of line 48 you want: Credited to 2011 estimated tax 337. Refunded	49	0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 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
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 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 \$		X

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

1 Inventory at beginning of year	1	4,637.	6 Inventory at end of year	6	4,995.
2 Purchases	2	15,413.	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	15,055.
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	20,050.			

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: _____
 Title: **EXECUTIVE DIRECTOR/CEO**
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: **JEREMY G. HAUK**
 Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00626792**
 Firm's name: **EIDE BAILLY LLP** Firm's EIN: **45-0250958**
 Firm's address: **401 N 31ST ST STE 1120, PO BX 7112**
BILLINGS, MT 59103-7112 Phone no. **406-896-2400**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

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, and 3(a) Deductions. Rows (1) through (4) and 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)

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)

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).

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.

Totals 0. 0.

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

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)

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)

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)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
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
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OPERATION OF A GIFT, NOVELTY, AND SOUVENIR SHOP

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
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DESCRIPTION	AMOUNT
SUPPLIES	485.
TRAVEL AND ENTERTAINMENT (50% ALLOWABLE PORTION)	198.
TELEPHONE	1.
ADVERTISING/SIGNS	113.
CASH OVER/UNDER	4.
CREDIT CARD DISCOUNTS	737.
PROFESSIONAL FEES	4.
PROPERTY TAX	40.
DUES & CONFERENCE FEES	30.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,612.