Form 990
Department of the Treasury
Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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)

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



ΑΙ	For th	e 2011 calendar year, or tax year beginning and end	ding		
B	Check if applicab	e: C Name of organization		D Employer identified	cation number
	Addre	BUFFALO BILL MEMORIAL ASSOCIATION			
	Name			83-0	180403
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone number	
	Termi ated	720 SHERIDAN AVENUE		(307)587-4771
	Amer	City or town, state or country, and ZIP + 4		G Gross receipts \$	16,536,867.
	Appli tion pend	CODI, WI 02433		H(a) Is this a group re	
	pena	F Name and address of principal officer: BRUCE B. ELDREDGE		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
		empt status: X 501(c)(3) 5 501(c) () \checkmark (insert no.) $4947(a)(1)$ or $4947(a)(1)$	527		list. (see instructions)
		te: WWW.BBHC.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other ►	L Year o	of formation: 1917	State of legal domicile: WY
Pa	art I	Summary Briefly describe the organization's mission or most significant activities: TO EDU			
Ce	1	AUDIENCES ABOUT THE PAST, PRESENT, & FUTUR	E OF	THE AMERIC	AN WEST
Activities & Governance	2	Check this box \blacktriangleright if the organization discontinued its operations or disposed			
ver	3	Number of voting members of the governing body (Part VI, line 1a)		1 1	46
ဗီ	4	Number of independent voting members of the governing body (rait v), interval		46	
ŝ	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			205
/itie	6	Total number of volunteers (estimate if necessary)			266
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			8,115.
٩		Net unrelated business taxable income from Form 990-T, line 34			3,292.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		7,113,533.	5,980,141.
Revenue	9	Program service revenue (Part VIII, line 2g)		2,196,114.	2,092,537.
Sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,016,407.	2,110,724.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,104,331.	988,990.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,430,385.	11,172,392.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		85,800.	151,012.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	<u> </u>
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,406,263.	5,473,980. 64,232.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	04,232.
Å		Total fundraising expenses (Part IX, column (D), line 25) 1,032,543		4,777,074.	4,963,857.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,269,137.	10,653,081.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,161,248.	519,311.
L SS	19	Revenue less expenses. Subtract line 18 from line 12		jinning of Current Year	End of Year
ets c ance	20	Total assats (Part X line 16)		58,325,888.	156,995,587.
Asse	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		223,260.	380,312.
Net Assets or -und Balances	21	Net assets or fund balances. Subtract line 21 from line 20		58,102,628.	156,615,275.
_		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	Signature of officer		Date				
Here	BRUCE B. ELDREDGE, EXE	CUTIVE DIRECTOR/CEO					
	Print/Type preparer's name	Preparer's signature	Date Check				
	JEREMY G. HAUK		self-employ				
Preparer	Firm's name EIDE BAILLY LLP		Firm's EIN 🕨	45-0250958			
Use Only Firm's address 401 N 31ST ST STE 1120, PO BX 7112 Phone no. 406-896-2400							
May the II	lay the IRS discuss this return with the preparer shown above? (see instructions)						
132001 01-2	2001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2011)						

	990 (2011) BUFFALO BILL MEMORIAL ASSOCIATION 83-0180403 Page	2
Pa	t III Statement of Program Service Accomplishments	-
	Check if Schedule O contains a response to any question in this Part III	1
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, AND 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?)
~	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	,
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$5,440,720. including grants of \$) (Revenue \$2,699,743.)
	CURATORIAL, COLLECTIONS & CONSERVATION PLAN:	_
	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 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	_
	WESTERN NON-COASTAL STATES. THE COLLECTION MANAGERS ALSO ROUTINELY	
4b	(Code:) (Expenses \$1,750,354. including grants of \$151,012.) (Revenue \$0.)
	SEE SCHEDULE O	_
		-
		-
		_
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		-
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	_
4e	Total program service expenses ► 7,191,074.	
13200; 02-09-)

Form	990 (2011) BUFFALO BILL MEMORIAL ASSOCIATION 83-018	0403
	t IV Checklist of Required Schedules	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	
-	If "Yes," complete Schedule A	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	
	public office? If "Yes," complete Schedule C, Part I	3
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? If "Yes," complete Schedule C, Part II	4
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	
	Schedule D, Part III	8
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? If "Yes," complete Schedule D, Part IV	9
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10
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.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	
	Part VI	11a
b	o i	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b
с	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? If "Yes," complete Schedule D, Part VIII	11c
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	444
	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	
120	Schedule D. Parts XI, XII, and XIII	12a
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b
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? If "Yes," complete Schedule F, Parts II and IV	15
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? If "Yes," complete Schedule F, Parts III and IV	16
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? If "Yes," complete Schedule G, Part I	17
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	
	1c and 8a? If "Yes," complete Schedule G, Part II	18
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	
	complete Schedule G, Part III	19
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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03 Page 3

Yes

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No

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20b

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Form		
Pa	rt IV	/ C

Form 990 (2011)				ASSOCIATION	
Part IV Checklist of Required Schedules (continued)					

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete			
	Schedule J	23	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</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No", <i>go to line 25</i>	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			x
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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>	30	x	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		х
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</i> "Yes," <i>complete Schedule R, Part I</i>	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		v	
	Note All Form 990 filers are required to complete Schedule O	38	IX	

Form 990 (2011)

990 (2011) BUFFALO BILL MEMORIAL ASSOCIATION t V Statements Regarding Other IRS Filings and Tax Compliance		83-0180	403	F
Check if Schedule O contains a response to any question in this Part V				
	<u></u>			
		5 7		Yes
Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	57		
Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	<u> </u>		
Did the organization comply with backup withholding rules for reportable payments to vendors and re				v
(gambling) winnings to prize winners?			1c	X
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	-	205		
filed for the calendar year ending with or within the year covered by this return	2a			v
If at least one is reported on line 2a, did the organization file all required federal employment tax returned in the second sec			2b	X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions	5)			v
			3a	X X
			3b	
At any time during the calendar year, did the organization have an interest in, or a signature or other a				
financial account in a foreign country (such as a bank account, securities account, or other financial a	accoui	nt)?	4a	
If "Yes," enter the name of the foreign country:				
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A			_	
			5a	
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b	
If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			A -	х
any contributions that were not tax deductible?			6a	
If "Yes," did the organization include with every solicitation an express statement that such contribut			6b	х
were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			ao	21
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices n	rovided to the payor?	7a	х
			7a 7b	X
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w.		uired	10	
to file Form 8282?	-		7c	
If "Yes," indicate the number of Forms 8282 filed during the year	7d		10	
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		:†?	7e	
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f	
If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di				
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8	
Sponsoring organizations maintaining donor advised funds.				
Did the organization make any taxable distributions under section 4966?			9a	
Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
Section 501(c)(7) organizations. Enter:				
Initiation fees and capital contributions included on Part VIII, line 12	10a			
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
Section 501(c)(12) organizations. Enter:				
Gross income from members or shareholders	11a			
Gross income from other sources (Do not net amounts due or paid to other sources against				
amounts due or received from them.)	11b			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a	
If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
Section 501(c)(29) qualified nonprofit health insurance issuers.				
Is the organization licensed to issue qualified health plans in more than one state?			13a	
Note. See the instructions for additional information the organization must report on Schedule O.				

No

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Form 990 (2011)

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13b

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand ______ 13c

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

Form Par

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N	Governance, Managemer	nt, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" response
	to line 8a, 8b, or 10b below, desc	ribe the circumstances, processes, or changes in Schedule O. See instructions.	

Check if Schedule O contains a response to any guestion in this Part VI	
CHECK II SCHEQUIE C COMAINS A LESDONSE LO ANV QUESUON IN UNS FAIL VI	

X

			Yes	
		_	res	No
If	nter the number of voting members of the governing body at the end of the tax year 1a 40	5		
	there are material differences in voting rights among members of the governing body, or if the governing			
bo	ody delegated broad authority to an executive committee or similar committee, explain in Schedule O.	_		
	nter the number of voting members included in line 1a, above, who are independent 1b 40	2		
	id any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	fficer, director, trustee, or key employee?	2	X	
	id the organization delegate control over management duties customarily performed by or under the direct supervision			
	f officers, directors, or trustees, or key employees to a management company or other person?	3	37	X
	bid the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	37
	bid the organization become aware during the year of a significant diversion of the organization's assets?	5		X X
	id the organization have members or stockholders?	6		_ <u> </u>
	id the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v
	nore members of the governing body?	7a		X
	re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
•	ersons other than the governing body?	7b		
	id the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	x	
	he governing body?	8a	X	
	ach committee with authority to act on behalf of the governing body?	8b		
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the rganization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		- 23
	SIT D. T ONOICS (This occurred by the internal of about policies not required by the internal neverale code.)		Yes	No
10 a Di	id the organization have local chapters, branches, or affiliates?	10a	103	X
	"Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	nd branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	las the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	escribe in Schedule O the process, if any, used by the organization to review this Form 990.			
	bid the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	/ere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	id the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	n Schedule O how this was done	12c	x	
13 Di	id the organization have a written whistleblower policy?	13	Х	
	id the organization have a written document retention and destruction policy?	14	Х	
	id the process for determining compensation of the following persons include a review and approval by independent			
р	ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a Th	he organization's CEO, Executive Director, or top management official	15a	Х	
bO	ther officers or key employees of the organization	15b		X
lf	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Di	id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	axable entity during the year?	16a		X
b If	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
in	i joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	xempt status with respect to such arrangements?	16b		
	on C. Disclosure			
	ist the states with which a copy of this Form 990 is required to be filed ►AL, AK, AZ, AR, CA, CO, CT, DE, FI			,10
	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
fo Г	pr public inspection. Indicate how you made these available. Check all that apply.			
L -	Own website			
19 D	escribe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd tinai	ncial	
	tatements available to the public during the tax year.			
	الأراب المتابعة والمتعادية والمتعادية والمتعادية والمتعادية والمتعاولة والمعاملة المعام معتمالهم المعامر والمتعاد والمتعاد	at an 🕨 🕨		
20 St	tate the name, physical address, and telephone number of the person who possesses the books and records of the organiz $(10.7)578 - 40.44$	ation:	►	
20 St M	itate the name, physical address, and telephone number of the person who possesses the books and records of the organiz IEG KATH - (307)578-4044 20 SHERIDAN AVENUE, CODY, WY 82435	ation:	•	

Section A.

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

Check if Schedule O contains a response to any guestion in this Part VII 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	box	not c , unle	ss pe	ition more rson i	than is bot or/trus	h an	compensation compensation		(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BARRON G. COLLIER, II									0	
CHAIRMAN OF THE BOARD	8.00	X		X				0.	0.	0.
(2) NAOMA J. TATE VICE CHAIRMAN	2.00	x		x				0.	0.	0.
(3) HENRY H.R. COE, JR.	2.00			- 11					0.	
VICE CHAIRMAN	4.00	x		x				0.	0.	0.
(4) MARGARET W. SCARLETT										
VICE CHAIRMAN	2.00	x		Х				0.	0.	0.
(5) PAUL V. CALI										
TREASURER	3.00	Х		Х				0.	0.	0.
(6) ERNEST J. GOPPERT, JR.										
SECRETARY	2.00	Х		Х				0.	0.	0.
(7) JAMES E. NIELSON										
SECRETARY	6.00	Х		Х				0.	0.	0.
(8) STEVEN R. CRANFILL										
ASSISTANT SECRETARY	2.00	X		X				0.	0.	0.
(9) WILLIS MCDONALD, IV GENERAL COUNSEL	2.00	x		x				0.	0.	0.
(10) ALAN K. SIMPSON	2.00			~				0.	0.	0.
TRUSTEE	4.00	x						0.	0.	0.
(11) GORDON H. BARROWS										
TRUSTEE	1.00	x						0.	0.	0.
(12) DANIELE D. BODINI										
TRUSTEE	1.00	Х						0.	0.	0.
(13) GEORGE BROWN										
EMERITUS TRUSTEE	1.00	Х						0.	0.	0.
(14) WILEY T. BUCHANAN, III										
TRUSTEE	1.00	х						0.	0.	0.
(15) RICHARD B. CHENEY	1									
TRUSTEE	1.00	X						0.	0.	0.
(16) JOAN C. DONNER	1 00	v								
TRUSTEE	1.00	X				<u> </u>		0.	0.	0.
(17) FORREST FENN TRUSTEE	1.00	x						0.	0.	0.
IKUSIEE	I T.00	<u> </u>						Ι Ο.		

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Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do	not ch		ition		one	Reportable	Reportable		Est	imate	d
	hours per	box	, unles	ss pe	rson	is bot	h an	compensation	compensation		am	ount c	of
	week		cer and	uau	recio	Jr/trus	lee)	from	from related			other	
	(describe hours for	recto						the	organizations			pensat	
	related	or di	ee			sated		organization	(W-2/1099-MISC)	/		om the	
	organizations	rustee	trust		æ	npens		(W-2/1099-MISC)			•	anizati I relate	
	in Schedule	dual ti	tiona		lploy	st cor yee	-					nizatio	
	O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
(18) WILLIAM C. GARLOW					<u> </u>					1			
TRUSTEE	2.00	X						0.	C).			Ο.
(19) RAY L. HUNT													
TRUSTEE	1.00	Х						0.	C).			Ο.
(20) DAVID M. LEUSCHEN													
TRUSTEE	1.00	Х						0.	C).			0.
(21) RICHARD S. NELSON													
TRUSTEE	1.00	Х						0.	C).			0.
(22) NANCY D. PETRY													
TRUSTEE	1.00	Х						0.).			0.
(23) WILLIAM B. RUGER, JR.													
TRUSTEE	1.00	Х						0.).			0.
(24) RICHARD J. SCHWARTZ													
TRUSTEE	1.00	Х						0.).			0.
(25) MARY GOOCH ARMOUR													
TRUSTEE	1.00	Х						0.	0).			0.
(26) JOHN R. CALDWELL													-
TRUSTEE	1.00	Х						0.).			0.
1b Sub-total								0.).			0.
c Total from continuation sheets to Part VI								400,747.).		9,21	
d Total (add lines 1b and 1c)								400,747.).	5	9,21	15.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d al	bove	e) wł	no r	eceived more than \$100	,000 of reportable				2
compensation from the organization												<u> </u>	3
										п		Yes	No
3 Did the organization list any former officer,			e, ke	y er	nplo	oyee	or	highest compensated e	mployee on				v
line 1a? If "Yes," complete Schedule J for su										.	3		<u>X</u>
4 For any individual listed on line 1a, is the su									the organization			x	
and related organizations greater than \$150										·· -	4	^	
5 Did any person listed on line 1a receive or a	•						elat	ted organization or indivi	dual for services		-		х
rendered to the organization? If "Yes," comp Section B. Independent Contractors	olete Schedul	eJI	or su	icn	pers	son .				<u></u>	5		л
1 Complete this table for your five highest con	moonsated in	long	ndo	nt o	ont	racto	vrc t	that received more than	\$100,000 of comp			om	
the organization. Report compensation for t	-									1136		UIII	
(A)	ino outoridur y		orrain	<u>.</u>		01 11		(B)			(C)	
Name and business	address							Description of s	ervices	Сс	omper		ו
HIRTLE CALLAGHAN & CO., E	IVE TOU	VEF	R Ε	BRI	[D	GE,	, .	INVESTMENT					
SUITE 500, WEST CONSHOHOO	CKEN, PA	1	L94	28	3-2	29		MANAGEMENT			115	5,1	71.
							\dashv						
2 Total number of independent contractors (ir	ncluding but n	ot lir	mited	d to	tho	se lis	stec	d above) who received m	ore than				

1

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Part VII Section A. Officers, Directors, T	rustees, Key El	npi	byee	s, a	nd I	lign	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(C	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
		direct				d emp		(W-2/1099-MISC)	(00-2/1099-00130)	organization
		ee or	stee			nsate		(11 2/1000 10100)		and related
		trust	al tru		oyee	ompe				organizations
		Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			C
		Indiv	Insti	Officer	Key	High	Former			
(27) COLIN M. SIMPSON										
TRUSTEE	1.00	Х						0.	0.	0.
(28) HARRIET STUART SPENCER										
EMERITUS TRUSTEE	1.00	Х						0.	0.	0.
(29) H. LEIGHTON STEWARD										
TRUSTEE	1.00	Х						0.	0.	0.
(30) JOHN C. SULLIVAN										
TRUSTEE	2.00	Х						0.	0.	0.
(31) MICHAEL J. SULLIVAN										
TRUSTEE	1.00	Х						0.	0.	0.
(32) JAMES G. TAGGART										
TRUSTEE	1.00	Х						0.	0.	0.
(33) MARGO GRANT WALSH										
TRUSTEE	1.00	Х						0.	0.	0.
(34) EDWARD P. CONNORS										
TRUSTEE	1.00	Х						0.	0.	0.
(35) MARY FLITNER										
TRUSTEE	1.00	Х						0.	0.	0.
(36) RONALD L. FORMAN										
TRUSTEE	1.00	Х						0.	0.	0.
(37) CHARLES C. FRANCIS										
TRUSTEE	5.00	Х						0.	0.	0.
(38) PATRICK R. MCDONALD										
TRUSTEE	2.00	Х						0.	0.	0.
(39) WALLACE H. JOHNSON										
TRUSTEE	12.00	Х						0.	0.	0.
(40) WILLIAM L. KING								_		
TRUSTEE	1.00	Х						0.	0.	0.
(41) SAMUEL B. WEBB, JR.								_	_	-
TRUSTEE	6.00	X						0.	0.	0.
(42) MARY ANNE DINGUS										-
TRUSTEE	1.00	X						0.	0.	0.
(43) THOMAS P. GRAINGER										~
TRUSTEE	5.00	X						0.	0.	0.
(44) C. HARRIS HASTON										~
TRUSTEE	4.00	X						0.	0.	0.
(45) DEBORAH GOPPERT HOFSTEDT										-
TRUSTEE	8.00	X						0.	0.	0.
(46) HAROLD C. RAMSER, JR.										-
TRUSTEE	3.00	IΧ	I I		I I	1		0.	0.	0.

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Part VII Section A. Officers, Directors, Tr	ustees, Key E	mplo	oyee	es, a	nd I	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	.		Pos				Reportable	Reportable	Estimated
	hours	(C	heck	all 1	that	app	ly)	compensation	(E) Reportable compensation from related organizations (W-2/1099-MISC) 0	amount of
	per week					e.		from the		other compensation
	WEEK	to				ploye		organization		from the
		direc				ed em		(W-2/1099-MISC)		organization
		tee or	ustee			ensati				and related
		al trus	nal tri		loyee	duo				organizations
		Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			
		hd	lns	0#	Key	Hig	For			
(47) WILLIAM N. SHIEBLER TRUSTEE	4.00	x						0.	0	0.
(48) HAROLD E. WACKMAN	4.00	<u>⊢</u>						0.	0.	0.
TRUSTEE	5.00	x						0.	0.	0.
(49) CHARLES W. DUNCAN, JR.	5.00	1							••	0.
EMERITUS TRUSTEE	1.00	x						0.	0.	0.
(50) WILLIAM HORNBY	1.00								· ·	
EMERITUS TRUSTEE	1.00	x						0.	0.	0.
(51) BRUCE ELDREDGE										•••
EXECUTIVE DIRECTOR/CEO	50.00			х				177,239.	0.	26,945.
(52) WENDY K. SCHNEIDER								,		r
DIRECTOR OF DEVELOPMENT	45.00					х		112,175.	0.	22,130.
(53) JANET HEDRICK										-
INTERIM DIRECTOR OF DEVELOPMENT	45.00					Х		111,333.	0.	10,140.
	1									
		1								
		1								
		_	_	_	_	_	_	400		F0 01 -
Total to Part VII, Section A, line 1c								400,747.		59,215.

Other Revenue

Form 990 (2011) Part VIII

е

f

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

Statement of Revenue

c Fundraising events

d Related organizations Government grants (contributions)

All other contributions, gifts, grants, and

similar amounts not included above

g Noncash contributions included in lines 1a-1f: \$

2 a ADMISSION CHARGES

1 a Federated campaigns

h Total. Add lines 1a-1f

b Membership dues

b	MISCELLANEOUS INCOME	713990	29,864.	29,864.	
с					
d					
е					
f	All other program service revenue				
g	Total. Add lines 2a-2f	►	2,092,537.		
3	Investment income (including dividends, intere		015 006		
	other similar amounts)		917,396.		
4	Income from investment of tax-exempt bond p				
5	Royalties				
_	(i) Real	(ii) Personal			
	Gross rents				
	Less: rental expenses				
	Rental income or (loss)				
	Net rental income or (loss)				
7 a	Gross amount from sales of (i) Securities assets other than inventory 5598608.	(ii) Other 96.			
		90.			
d	Less: cost or other basis and sales expenses 4405376.	0.			
_		96.			
	Gain or (loss) <u>1193232</u> . Net gain or (loss)		1,193,328.		
	Gross income from fundraising events (not		1,155,520.		
8 a	including \$187,758. of				
	contributions reported on line 1c). See				
		131,395.			
h	Less: direct expenses b	205,460.			
	Net income or (loss) from fundraising events	>	-74,065.		
	Gross income from gaming activities. See		/		
• •	Part IV, line 19a	58,700.			
b	Less: direct expenses b	21,036.			
		>	37,664.		
	Gross sales of inventory, less returns				
	and allowances a	1757994.			
b	Less: cost of goods sold b	732,603.			
с	Net income or (loss) from sales of inventory	►	1,025,391.	607,206.	8,115.
	Miscellaneous Revenue	Business Code			
11 a					
b					
с					
d	All other revenue				
е	Total. Add lines 11a-11d	►	11100000		0 115
12	Total revenue. See instructions.	►	111/2392.	2,699,743.	8,115.
12			11		
			11		

BUFFALO BILL MEMORIAL ASSOCIATION

684,646.

187,758.

Business Code

713990

►

| 1f | 5,107,737 1,372,145.

1a

1b

1c 1d

1e

(A)

Total revenue

5,980,141.

2,062,673.2,062,673.

(B)

Related or

exempt function

revenue

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(C)

Unrelated

business

revenue

(D) Revenue excluded from tax under

sections 512, 513, or 514

917,396.

1193328.

-74,065.

37,664.

410,070.

2484393.

Form 990 (2011)

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).

	Charle if Cabadula O contains a reason				
	Check if Schedule O contains a respor	nse to any question in thi	s Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	50,512.	50,512.		
2	Grants and other assistance to individuals in				
-	the United States. See Part IV, line 22	100,500.	100,500.		
•		100,000.	100,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	205,236.	92,110.	113,126.	
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		3,911,052.	2,773,361.	609,745.	527,946.
7	Other salaries and wages	5,711,0320	2,113,JUI•	000,740.	541,940.
8	Pension plan accruals and contributions (include	07 (1)		10 225	15 604
	section 401(k) and section 403(b) employer contributions)	97,613.	62,694.	19,225.	15,694.
9	Other employee benefits	846,608.	603,708.	135,992.	106,908.
10	Payroll taxes	413,471.	296,323.	66,271.	50,877.
11	Fees for services (non-employees):				
а	Management	114,774.	93,228.	20,546.	1,000.
	Legal	3,710.	1,373.	2,337.	
	Accounting	81,800.	30,266.	51,534.	
-					
d	Lobbying Professional fundraising services. See Part IV, line 17	64,232.			64,232.
e	-	254,424.	151,681.	102,743.	04,252.
f	Investment management fees				25 557
g	Other	254,224.	178,787.	39,880.	35,557.
12	Advertising and promotion	180,035.	16,978.	162,220.	837.
13	Office expenses	460,465.	252,439.	155,180.	52,846.
14	Information technology	398,553.	150,367.	225,062.	23,124.
15	Royalties				
16	Occupancy	384,525.	254,060.	130,465.	
17	Travel	447,998.	246,462.	124,991.	76,545.
18	Payments of travel or entertainment expenses	,	,	,	•
10	for any federal, state, or local public officials				
40		27,235.	19,140.	1,833.	6,262.
19	Conferences, conventions, and meetings	27,233.	17,140.	1,055.	0,202.
20	Interest				
21	Payments to affiliates	1 670 140	1 207 000		2 5 7 7
22	Depreciation, depletion, and amortization	1,672,148.	1,397,069.	271,506.	3,573.
23	Insurance	186,032.	120,732.	65,300.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ENTERTAINMENT	108,716.	45,259.	19,450.	44,007.
b	PUBLICATIONS	105,903.	49,548.	42,211.	14,144.
c	REPAIR & MAINTENANCE	88,562.	54,414.	34,133.	15.
d	UBI TAXES	1,280.	0.	1,280.	0.
		193,473.	150,063.	34,434.	8,976.
	All other expenses	10,653,081.	7,191,074.	2,429,464.	1,032,543.
25	Total functional expenses. Add lines 1 through 24e	TO,000,00T.	/,⊥7⊥,0/4•	404.	т,034,343.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
13201	0 01-23-12				Form 990 (2011)

	BUFFALO	BILL	MEMORIAL	ASSOCIAT	ION
neet	1				

(A) Beginning or year End of year 1 Cash - non-intrest-bearing 1,588,171.1 1,311,591. 2 Savings and temporary cash investments 2,019,591.3 1,939,705. 3 Pideps and grants necervable, net 65,720.4 164,588. 6 Receivables from current and forme officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 6 6 Receivables from current and forme officers, directors, trustees, key employees beneficity organizations (see instructions) 6 7 7 Notes and loans neceivable, net 6644,641.8 669,999. 6 7 Notes and loans neceivable, net 106 21,937,690.33,439,433. c33,354,744. 9 Prepare and defrand charges 138,922.9 84,789. 10 33,439,433. 10 33,354,744. 10 Investments- publicy load 56,720.33,411 113,2902.778. 11 113,32,922.7 9 84,789. 10 Lass. accumulated depreciation 106 21,937,690.33,439,433. 10 33,354,744. 11 Investments- publicy load	Pa	rt X	Balance Sheet			
2 Savings and temporary cash investments. 2 2 2 3 Pledges and grants receivable, net 2 2 1,933,7055. 4 Accounts receivable, net 5 5 7 3 1,933,7055. 6 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 5 6 Receivables from other disqualified persons (as defined under section 4056(1)(3)(8), and contributing employees beneficiary organizations (see instructions) 6 7 7 Notes and teams receivable, not 7 7 7 7 8 Inventories for sale or use 684, 641. 8 669, 999. 9 Prepaid expenses and deferred charges 138, 922. 9 844, 783. 10 Less: accumulated deproints (see instructions) 33, 439, 433. 10 33, 354, 744. 11 Investments - publicly traded securities 35, 205, 034. 11 32, 902, 778. 12 Investments - publicly traded securities 35, 205, 010. 15 79, 782, 642. 13 Investments - publicly				(A) Beginning of year		
2 Savings and temporary cash investments. 2 2 2 2 0 1 9 9 9 3 Pladges and grants receivable, net 2 1 9 3 1 9 7 3 1 9 7 3 1 9 7 3 1 6 5 7 20 1 6 5 7 3 1 6 5 7 3 1 6 7 7 6 7		1	Cash - non-interest-bearing	1,588,171.	1	1,311,591.
3 Pladges and grants receivable, net 2,019,591.3 1,939,705. 4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 6 65,720.4 164,588. 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 65,720.4 164,588. 6 Receivables from other disqualified persons (as defined under section 901(c)(8) voluntary employees beneficiary organizations (see instructions) 6 6 7 Notes and coans receivable, net 6 6 6 9 Prepatid expenses and differed charges 138,922.9 844,789. 10a 55,292,434. 5 33,354,744. 11 Investments - othe southies. See Part IV, line 11 6,929,366.12 6,784,751. 12 Investments - othe southies. See Part IV, line 11 13 132,205,034.11 32,902,778.1. 13 Investments - othe southies. See Part IV, line 11 78,255,010.15 79,782,642. 158,325,888.16 156,995,587. 14 Total assets. Add lines 1 through 15 (must equal line 34) 158,325,888.16 156,995,587. 17 Accourts payable		2			2	
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24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 223, 260, 26 380, 312. Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 19, 737, 872. 27 16, 623, 381. 27 Unrestricted net assets 199, 737, 872. 27 16, 623, 381. 108, 777, 830. 28 110, 210, 389. 29 Permanently restricted net assets 29, 586, 926. 29 29, 781, 505. 29, 586, 926. 29 29, 781, 505. 0 Gapital stock or trust principal, or current funds 30 31 31 32 30 Stained earnings, endowment, accumulated income, or other funds 32 33 156, 615, 275. 33 Total net assets or fund balances 158, 102, 628. 33 156, 615, 275.		23			23	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 223,260. 26 380,312. 27 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 19,737,872. 27 16,623,381. 28 Temporarily restricted net assets 19,737,872. 27 16,623,381. 29 Permanently restricted net assets 29,586,926. 29 29,781,505. Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 30 30 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Total net assets or fund balances 158,102,628. 33 156,615,275.						
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 223,260.26 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 19,737,872.27 16,623,381. 27 Unrestricted net assets 19,737,872.27 16,623,381. 28 Temporarily restricted net assets 29,586,926.29 29,781,505. 29 Permanently restricted net assets 29,586,926.29 29,781,505. Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Total net assets or fund balances 32 158,102,628.33 156,615,275.		25				
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26 Total liabilities. Add lines 17 through 25 223, 260. 26 380, 312. Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 19, 737, 872. 27 16, 623, 381. 27 Unrestricted net assets 19, 737, 872. 27 16, 623, 381. 28 Temporarily restricted net assets 29, 586, 926. 29 29, 781, 505. 29 Permanently restricted net assets 29, 586, 926. 29 29, 781, 505. Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 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 158, 102, 628. 33 156, 615, 275.			Schedule D		25	
Sourcelines 27 through 29, and lines 33 and 34.19,737,872.2716,623,381.27Unrestricted net assets108,777,830.28110,210,389.28Temporarily restricted net assets29,586,926.2929,781,505.29Permanently restricted net assets29,586,926.2929,781,505.0rganizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.303030Stock or trust principal, or current funds3131Paid-in or capital surplus, or land, building, or equipment fund3132Retained earnings, endowment, accumulated income, or other funds3233Total net assets or fund balances158,102,628.33156,615,275.		26		223,260.		380,312.
Sourcelines 27 through 29, and lines 33 and 34.19,737,872.2716,623,381.27Unrestricted net assets108,777,830.28110,210,389.28Temporarily restricted net assets29,586,926.2929,781,505.29Permanently restricted net assets29,586,926.2929,781,505.0rganizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.303030Stock or trust principal, or current funds3131Paid-in or capital surplus, or land, building, or equipment fund3132Retained earnings, endowment, accumulated income, or other funds3233Total net assets or fund balances158,102,628.33156,615,275.			Organizations that follow SFAS 117, check here 🕨 🔟 and complete			
	S					
	ů.	27	Unrestricted net assets	19,737,872.	27	16,623,381.
	ala	28		108,777,830.	28	110,210,389.
	Ыd	29		29,586,926.	29	29,781,505.
	Fun					
	P					
	ets	30	Capital stock or trust principal, or current funds		30	
	SS	31			31	
	et 4	32			32	
	ž				33	
				158,325,888.	34	156,995,587.

Form **990** (2011)

Form 990 (2011)
Part X Balance Sheet

Form	1990 (2011) BUFFALO BILL MEMORIAL ASSOCIATION	83-018	0403	Pag	ge 12
Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		1,17:		
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	0,65		
3	Revenue less expenses. Subtract line 2 from line 1	3			11.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		8,10:		
5	Other changes in net assets or fund balances (explain in Schedule O)		2,00		
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 15	6,61	5,2	75.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	ed on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		_X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	990 (2011)

83-0180403 Page 12

(Form 990 or 990-EZ) Public Charity Status and Public Support 2011												
		Complet	te if the organization is			-	tion or a s	ection		20		
Department of Internal Reve	of the Treasury enue Service	► A+	4947(a)(1) no teach to Earm 990 ar Ea				instructio			Open to Inspe		C
Name of	the organizati		tach to Form 990 or Fo	пп ээо-с	2. 🗲 3ee	separate	mstructio		Employer i	identificatio		mber
Nume of	the organizati		BILL MEMORI	ΔT. ΔS	SOCIA	ͲͳϴΝ				3-0180		noci
Part I	Reason		ity Status (All organiz				t) See inst	tructions		0100	105	
			because it is: (For lines 1						•			
1			s, or association of chur									
2	-		0(b)(1)(A)(ii). (Attach Sc									
3			tal service organization of			170(b)(1)	(A)(iii).					
4			operated in conjunction					(b)(1)(A)	(iii). Enter t	he hospital'	s nam	e.
-	city, and stat		. ,		•				. ,	•		,
5	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental u	nit describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	te, or local governme	ent or governmental uni	t describe	d in sectio	n 170(b)(⁻	1)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from th	ne general p	oublic descr	ibed i	n
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8 🛄	A community	trust described in s	ection 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 rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	e than 33 1	1/3% of i	ts support	from gross	invest	ment
			axable income (less sect	tion 511 ta	ix) from bu	sinesses a	acquired b	y the or	ganization a	after June 3	0, 197	5.
		509(a)(2). (Complete										
10			perated exclusively to te									
11 📖			perated exclusively for th									or
			tions described in section				2). See sec	ction 50	9(a)(3). Che	eck the box	that	
		· ·	organization and comple									
•	a Type I		••	• •	e III - Func	•	-	r mara d		Type III - C		-
e 📖			t the organization is not han one or more publicly									n
f			ten determination from t						03(a)(1) 01 3	5601011 503	(a)(2).	
•			is box									
g			rganization accepted ar									
3	-		irectly controls, either al			-]	Yes	No
			upported organization?									
			n described in (i) above?									
			person described in (i) o									
h			about the supported or									
				_				_				
(i) Name	e of supported	(ii) EIN	(iii) Type of organization		organization			(vi)	Is the tion in col.	(vii) Am	ount of	f
org	anization		(described on lines 1-9		sted in your document?		ion in col. r support?	(i) organ	ized in the .S.?	supp	ort	
			above or IRC section	° °		., ,						
			(see instructions))	Yes	No	Yes	No	Yes	No			
									+			
									+			
									+			
				l			l	<u> </u>	+ +			

Public Charity Status and Public Support

Total

SCHEDULE A

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

Schedule A (Form 990 or 990-EZ) 2011

OMB No. 1545-0047

2011

Schedule A (Form 990 or 990-EZ) 2011 BUFFALO BILL MEMORIAL ASSOCIATION

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	24389981.	5801483.	4602196.	7113533.	5980141.	47887334.
2	Tax revenues levied for the organ-						
	ization'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	24389981.	5801483.	4602196.	7113533.	5980141.	47887334.
	The portion of total contributions						
Ŭ	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)						
~							47887334.
	Public support. Subtract line 5 from line 4.						47007554.
	ndar year (or fiscal year beginning in)	(-) 0007	(1-) 0000	(-) 0000	(-1) 0010	(-) 0011	(6) T - + -
		(a)2007 24389981.	(b) 2008 5801483.	(c)2009 4602196.	(d)2010 7113533.	(e)2011 5980141.	(f) Total 47887334 •
	Amounts from line 4	24303901.	J00140J.	4002190.	1113333.	J900141.	47007554.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			0.2 6 0.71		017 206	
	and income from similar sources \dots	995,890.	807,636.	836,871.	867,624.	917,396.	4425417.
9	Net income from unrelated business						
	activities, whether or not the	10 000					10 055
	business is regularly carried on	12,023.	7,245.	9,888.	9,418.	4,292.	42,866.
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						52355617.
12	Gross receipts from related activities	, etc. (see instructio	ons)			12 23	,062,997.
13	First five years. If the Form 990 is fo	r the organization's	first, second, thin	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	phere)
Sec	ction C. Computation of Pub	lic Support Pe	rcentage				
14	Public support percentage for 2011 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	91.47 %
15	Public support percentage from 2010) Schedule A, Part	II, line 14			15	91.95 %
16a	33 1/3% support test - 2011. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2010. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	-	•	
h	10% -facts-and-circumstances tes	-	-	• • • •			
	more, and if the organization meets t						
	organization meets the "facts-and-cir						ĺ ⊾ □
10							
18	Private foundation. If the organization	on alla not check a		a, 100, 17a, 0r 17t	, check this box a		

Schedule A (Form 990 or 990-EZ) 2011

-

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.)

Sec	tion A. Public Support			-		_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)	,					
	ndar year (or fiscal year beginning in) 🕨	(-) 0007	(1-) 0000	(-) 0000	(4) 0010	(-) 0011	(6) Tatal
	Amounts from line 6	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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						
	Add lines 10a and 10b 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	r the organization'	s first, second, thir	d, fourth, or fifth	tax year as a section	on 501(c)(3) organ	nization,
	check this box and stop here	-		<u></u>	<u></u>	· · ·	
Sec	tion C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2011 (line 8, column (f) c	divided by line 13, o	column (f))		15	%
16	Public support percentage from 2010) Schedule A, Part	t III, line 15			16	%
Sec	ction D. Computation of Investion	stment Incom	ne Percentage				
17	Investment income percentage for 20)11 (line 10c, colu	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2010 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2011. If the					33 1/3% , and line	e 17 is not
	more than 33 1/3%, check this box a	-					
b	33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 01-24-12			,			90 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

or 990-PF)

E	SUFFALO BILL MEMORIAL ASSOCIATION	83-0180403			
Organization type(check	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 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

X 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, total 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 total 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 Part I, 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) (2011)

Employer identification number

Name of organization

Employer identification number

83-0180403

BUFFALO BILL MEMORIAL ASSOCIATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)	
	Name, address, and ZIP + 4	Total contributions	Type of contribution	
<u>No.</u>	Name, address, and ZiP + 4	\$750,500.	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
2		\$ <u>300,200.</u>	Person X Payroll	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
3		\$272,700.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
4		\$282,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
5		\$131,245.	Person X Payroll	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
6		\$129,277.	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.)	

Name of organization

Employer identification number

83-0180403

BUFFALO BILL MEMORIAL ASSOCIATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$1,250.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$134,999.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$383,612.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>225,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u>220,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Employer identification number

83-0180403

BUFFALO BILL MEMORIAL ASSOCIATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Farti	Noncash Property (see instructions). Use duplicate copies of Part II if a		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	J. PURDEY & SONS OVER-UNDER 28 GAUGE SHOTGUN, SN 28059 WITH LEATHER CARRY CASE, CLEANING ROD, ETC.	\$700,000.	10/28/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	BRONZE, 16 FEET LONG, 12 FEET HIGH, SUBJECT: MAN (BUFFALO BILL CODY) ON HORSE IN FULL STRIDE, 2010; ARTIST, PETER FILLERUP; TITLE, BILL CODY - HARD AND FAST ALL THE WAY	\$300,000.	09/23/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	SEE STATEMENT 1	\$1,000.	10/10/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	SEE STATEMENT 2	\$2,000.	09/14/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	18KT YELLOW GOLD AND CHAMPAGNE COLORED PEARL DESIGNED BY YVEL FOR O.C. TANNER. NECKLACE - 11-12 MM PEARL - 20 DIAMONDS + .15 TW.	\$1,250.	08/29/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
123453 01-23		\$ Schedule B (Form 9	90, 990-EZ, or 990-PF) (2011)

Name of orga	inization	Employer identification number				
BUFFAL	O BILL MEMORIAL ASSOCI	ATION	83-0180403			
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	vidual contributions to section 501 he following line entry. For organiza c., contributions of \$1,000 or less f	1(c)(7), (8), or (10) organizations that total more than \$1,000 for the ations completing Part III, enter for the year. (Enter this information once.) \blacktriangleright \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of g nd ZIP + 4	gint 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 g	l			
-	Transferee's name, address, a	nd 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 g				
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I		(c) Use of gift				
F	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

Department of the Treasury

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990. See separate instructions.

OMB No. 1545-0047
2011
Open to Public
Inspection

Interna		sparate met dettemen		P
Nam	ne of the organization BUFFALO BILL MEMORIAL ASSO	CIATION	Employer identifi 83-01	
Pa	rt I Organizations Maintaining Donor Advised Funds or			
	organization answered "Yes" to Form 990, Part IV, line 6.			
		or advised funds	(b) Funds and other a	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			es 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writir	ng that grant funds can be use	ed only	
	for charitable purposes and not for the benefit of the donor or donor advisor	r, or for any other purpose cor	nferring	
_	impermissible private benefit?		<u> </u>	es 🗌 No
Ра	rt II Conservation Easements. Complete if the organization answ	vered "Yes" to Form 990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all th	at apply).		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an histori	ically important land are	a
	Protection of natural habitat	Preservation of a certified	d historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation	on contribution in the form of a	a conservation easemer	nt on the last
	day of the tax year.			· · · · · · · · ·
				d of the Tax Year
a				
b	.			
с				
d				
~	listed in the National Register			
3	Number of conservation easements modified, transferred, released, extingui	ished, or terminated by the or	ganization during the ta	IX
4	year ► Number of states where property subject to conservation easement is locate	od		
5	Does the organization have a written policy regarding the periodic monitorin			
5				es 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements durin		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conse			
8	Does each conservation easement reported on line 2(d) above satisfy the re			
	and section 170(h)(4)(B)(ii)?			es 🗌 No
9	In Part XIV, describe how the organization reports conservation easements i			heet, and
	include, if applicable, the text of the footnote to the organization's financial s			
	conservation easements.		-	-
Ра	rt III Organizations Maintaining Collections of Art, Histor	rical Treasures, or Othe	er Similar Assets.	
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	ie 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to	report in its revenue statemen	t and balance sheet wo	orks of art,
	historical treasures, or other similar assets held for public exhibition, education	ion, or research in furtherance	of public service, provi	ide, in Part XIV,
	the text of the footnote to its financial statements that describes these items	S.		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to repo	ort in its revenue statement an	d balance sheet works	of art, historical
	treasures, or other similar assets held for public exhibition, education, or res	earch in furtherance of public	service, provide the fol	lowing amounts
	relating to these items:		1	001 000
	(i) Revenues included in Form 990, Part VIII, line 1		····· ▶ \$ <u>1,</u>	271,307. 782,642.
_	(ii) Assets included in Form 990, Part X			182,642.
2	If the organization received or held works of art, historical treasures, or other	•	un, provide	
	the following amounts required to be reported under SFAS 116 (ASC 958) re	-		
a L	, , ,			
a	Assets included in Form 990, Part X		🕨 \$	

Sche	· · · · · · · · · · · · · · · · · · ·	BILL MEMOR								B Page 2
Par	rt III Organizations Maintaining C	Collections of Ar	t, Hist	torical Tre	easures, o	or Oth	er Simil	ar Asse	ets (conti	nued)
3	Using the organization's acquisition, access	ion, and other record	s, checł	k any of the	following that	at are a s	significant	use of its	collection	n items
	(check all that apply):									
а	LX Public exhibition	d			hange progra					
b	X Scholarly research	е		Other						
с	X Preservation for future generations									
4	Provide a description of the organization's c	ollections and explair	n how th	ney further th	ne organizati	on's exe	empt purp	ose in Pa	rt XIV.	
5	During the year, did the organization solicit of	or receive donations o	of art, hi	storical treas	sures, or oth	er simila	r assets	_	_	
	to be sold to raise funds rather than to be m								Yes	No
Par	rt IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							_	_	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	llowing t	table:						
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance						1 f			
	Did the organization include an amount on F		21?					L	_ Yes	└── No
-	If "Yes," explain the arrangement in Part XIV				000 D I	N / 1º	10			
Par	rt V Endowment Funds. Complete								() Faur	
		(a) Current year		rior year	(c) Two yea		. ,			years back
1a	Beginning of year balance	41,151,624. 301,094.	30	<u>,186,989.</u>	32,58	1,4/1.		65,622 27,287		
b	Contributions	-34,780.	4	601,723.	0 1 /	0,731.		46,587		
с	Net investment earnings, gains, and losses	-34,700.	4	,757,540.	0,14	0,731.	-10,0	40,007	•	
a	Grants or scholarships									
е	Other expenditures for facilities	2,669,320.	2	391 628	2 53	5 21 3	2 0	64 851		
	and programs	2,009,520.	2	,394,628.	2,55	5,213.	2,064,851.		•	
	Administrative expenses	38,748,618.	/1	,151,624.	38 18	6,989.	30 5	81,471		
g	End of year balance					0,505.	52,5	,01,4/1	•	
2	Provide the estimated percentage of the cur	33.71	-	g, column (a	i)) neid as:					
a k	Board designated or quasi-endowment ► Permanent endowment ► 59.39	%	_%							
b		6.9 % %								
C	The percentages in lines 2a, 2b, and 2c sho									
30	Are there endowment funds not in the posse		ation the	at are held a	nd administe	ared for t	the organi	zation		
ou	by:						ine organi	Lation	Г	Yes No
	(i) unrelated organizations									X
	(ii) related organizations									X
b	If "Yes" to 3a(ii), are the related organization									
4	Describe in Part XIV the intended uses of the									
Par	rt VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or ot		(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value
	F F. 2 F. 3 F 3	basis (investm		basis (preciation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1 a	Land	· · ·		16	5,500.				16	5,500.
b					4,502.	11,	371,2	86. 2		3,216.
	Leasehold improvements				1,161.		<u>, , , , , , , , , , , , , , , , , , , </u>			<u>,853.</u>
	Equipment				5,177.		<u>, 956</u>		588	3,368.
	Other				6,094.		945,2),807.
	I. Add lines 1a through 1e. (Column (d) must e		X, colun							1,744.
								Schedule	D (Form	990) 2011

Schedule D	(Form 990) 2011

Pá	(a) Description of security or category	e Form 990, Part X, lir I	ne 12.	(c) Method of valua	tion:
	(including name of security)	(b) Book value	Co	st or end-of-year mar	
(1)	Financial derivatives				
(2)	Closely-held equity interests				
(3)	Other				
	(A)				
	(B)				
	(C)				
	(D)				
	(E)				
	(F)				
	(G)				
	(H)				
_	(I)				
	al. (Col (b) must equal Form 990, Part X, col (B) line 12.) 🕨				
Pa	art VIII Investments - Program Related. S	ee Form 990, Part X, I	ine 13.		
	(a) Description of investment type	(b) Book value	Co	(c) Method of valua st or end-of-year mar	
	(1)				
	(2)				
	(3)				
	(4)				
	(5)				
	(6)				
	(7)				
	(8)				
	(9)				
_	10)				
	al. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Pa	art IX Other Assets. See Form 990, Part X, line				
		Description			(b) Book value
	(1) ART & BRONZES				26,337,660.
	(2) ARTIFACTS, PHOTOS, MEMORA	BILIA			53,444,982.
-	(3)				
	(4)				
	(5)				
	(6)				
	(7)				
	(8)				
	(9)				
_	10)				
	al. (Column (b) must equal Form 990, Part X, col (B) line			►	79,782,642.
	art X Other Liabilities. See Form 990, Part X,	line 25.			
1.	(a) Description of liability		(b) Book value		
	(1) Federal income taxes				
	(2)				
-	(3)				
	(4)				
	(5)				
-	(6)				
-	(7)				
-	(8)				
	(9)				
	10)				
	11) 	. 05)			
Tot	al. (Column (b) must equal Form 990, Part X, col (B) line	e 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 fiability for uncertain tax positions under FIN 48 (ASC 740). **2.** FIN 4 132053 01-23-12

Sche	dule D (Form 990) 2011 BUFFALO BILL MEMORIAL ASSOC	CIAT	ION		8	33-	0180403	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Finan	cial S	Stater	nen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			11,172	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			10,653	,081.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3				,311.
4	Net unrealized gains (losses) on investments			4			-2,006	,664.
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV.)			8				
9	Total adjustments (net). Add lines 4 through 8			9			-2,006	,664.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9		10			-1,487	,353.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Reve	nue p	er Re	eturr		
1	Total revenue, gains, and other support per audited financial statements				L	1	11,162	<u>,914.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains on investments	2a	-2,00	6,6	64.			
b	Donated services and use of facilities	2b	36	3,7	55.			
с	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV.)	2d			_			
е	Add lines 2a through 2d				L	2e	-1,642	
3	Subtract line 2e from line 1				L	3	12,805	<u>,823.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b		25 -1,88	4,4	23.			
b	Other (Describe in Part XIV.)	4b	1,88	7,8	54.			
с	Add lines 4a and 4b				L	4c	-1,633	<u>,431.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	11,172	<u>,392.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expe	enses	per F	Retu		
1	Total expenses and losses per audited financial statements				L	1	12,650	<u>,267.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a	36	3,7	55.			
b	Prior year adjustments	2b						
с	Other losses	2c						
d	Other (Describe in Part XIV.)	2d	1,88	7,8	54.			
е	Add lines 2a through 2d				L	2e	2,251	
3	Subtract line 2e from line 1				L	3	10,398	<u>,658.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
	Investment expenses not included on Form 990, Part VIII, line 7b		25	4,4	23.			
b	Other (Describe in Part XIV.)	4b						
	Add lines 4a and 4b				·····	4c		<u>,423.</u>
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5	10,653	,081.
	t XIV Supplemental Information							
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III							4; Part
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp						l information.	
PAP	T III, LINE 4: THE CENTER HAS OVER 100,000) OB	JECTS;	50	0,00	0		
			T T 1 T T 7 T					ПQ
HIS	TORICAL PHOTOGRAPHS; 30,000 BOOKS; AND 2,0	000	LINEAR	FE.	ET C)F	DOCUMEN'	rs
7 7 T		.			m a T			
ANI	RECORDS IN ITS COLLECTIONS. THE CENTER IS	S NO	TED FO	R T	TS E	ЪА	INS IND.	LAN
CUI	TURAL OBJECTS, WESTERN ART, FIREARMS, AND	HIS	TORICA	LO	BJEC	TS	RELATEI	о то
WTT	LIAM F. "BUFFALO BILL" CODY. THE CENTER US	SES	THESE	COL	LECT	יסדי	ים סיד צוא	RAW
	OST 200,000 VISITORS TO OUR FACILITY ANNUP							
INT	ERPRETIVE PROGRAMS INCLUDING EXHIBITIONS,	ADU	LT AND	FA	MILY	P P	ROGRAMS	<u> </u>
SCI	IOLARLY LECTURES, RESEARCH PROJECTS AND SIM	IILA	R PROG	RAM			CENTER	
13205					S	ched	lule D (Form 9	90) 2011

Schedule D (Form 990) 2011	BUFFALO BILL M	MEMORIAL ASSOC	CIATION 8	3-0180403 Page 5
Part XIV Supplemental Infor	mation (continued)			
REACHES ALMOST 500,	000 INDIVIDUAL	WEB USERS EAG	CH YEAR WHO ACC	ESS
COLLECTIONS, PROGRAM	MS AND INFORMAT	TION ABOUT THE	E AMERICAN WEST	ON-LINE
THROUGH OUR WEBSITE	•			
PART V, LINE 4: END	OWMENTS FOR THE	E YEAR ENDED I	DECEMBER 31, 20	11 WERE
RESTRICTED FOR THE	FOLLOWING PURPO	SES: GENERAL	AND ADMINISTRA	ATIVE,

CURATORIAL & CONSERVATION, COLLECTIONS, AND EDUCATIONAL PROGRAMS.

PART X, LINE 2: THE ASSOCIATION IS EXEMPT FROM FEDERAL INCO	ME TAXES
UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEP	T FOR INCOME
FROM THE SALE OF CERTAIN ITEMS BY THE ASSOCIATION'S GIFT SH	OP. INCOME
TAXES RELATED TO THESE SALES WERE NOT MATERIAL DURING THE Y	EARS ENDED
DECEMBER 31, 2011 OR 2010.	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES NETTED WITH REVENUE ON TAX	
RETURN:	-226,495.
COST OF GOODS SOLD NETTED WITH REVENUE ON TAX RETURN:	-732,602.
RECLASSIFICATION OF NET ASSETS	-928,757.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-1,887,854.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES NETTED WITH REVENUE ON TAX	
RETURN:	226,495.
RECLASSIFICATION OF NET ASSETS:	928,757.
COST OF GOODS SOLD NETTED WITH REVENUE ON TAX RETURN:	732,602.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	1,887,854.

Schedule D (Form 990) 2011

132071	
01-23-1	2

3 a Sub-total

c Totals (add lines 3a

and 3b)

b Total from continuation

sheets to Part I

offices employees, agents, and independent services, in	4b, 15, or 16. See separate instruction Inited States. Comp tiate the amount of its gr criteria used to award the or monitoring the use of its ed if additional space is es conducted in region g., fundraising, program nivestments, grants to located in the region)	ions. Employer 83-01 plete if the organization answ grants and other assistance, he grants or assistance? its grants and other assistar s needed.) (e) If activity listed in	, Yes No nce outside the (d) (f) Total e, for and pe for and investments
Internal Revenue Service Name of the organization BUFFALO BILL MEMORIAL ASSOCIATION Part I General Information on Activities Outside the U to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substant the grantees' eligibility for the grants or assistance, and the selection of United States. 2 For grantmakers. Describe in Part V the organization's procedures fo United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicat (a) Region (b) Number of offices in the region (c) Number of employees, and independent contractors in region CENTRAL AMERICA AND CENTRAL AMERICA AND	United States. Comp tiate the amount of its gr criteria used to award th or monitoring the use of it red if additional space is es conducted in region g., fundraising, program nvestments, grants to located in the region)	Employer 83-01 plete if the organization answ grants and other assistance, he grants or assistance? its grants and other assistar s needed.) (e) If activity listed in is a program service describe specific typ	r identification number .80403 wered "Yes" Yes No nce outside the (d) (f) Total e, for and investments in region
BUFFALO BILL MEMORIAL ASSOCIATION Part I General Information on Activities Outside the U to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substant the grantees' eligibility for the grants or assistance, and the selection of United States. 2 For grantmakers. Describe in Part V the organization's procedures for United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicat offices in the region in the region in the region in the region (a) Region (b) Number of offices in the region in the region (c) Number of in the region (c) Number of in the region (c) CENTRAL AMERICA AND (c) Number of the region	tiate the amount of its gr criteria used to award th or monitoring the use of it red if additional space is es conducted in region g., fundraising, program nvestments, grants to located in the region)	83-01 plete if the organization answ grants and other assistance, he grants or assistance? its grants and other assistan s needed.) (e) If activity listed in is a program service describe specific typ	.80403 wered "Yes" , Yes No nce outside the (d) (f) Total e, for and investments in region
Part I General Information on Activities Outside the U to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substant the grantees' eligibility for the grants or assistance, and the selection of United States. 2 For grantmakers. Describe in Part V the organization's procedures for United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicat (a) Region (b) Number of offices in the region (c) Number of employees, agents, and independent contractors in region central AMERICA AND Central AMERICA AND	tiate the amount of its gr criteria used to award th or monitoring the use of it red if additional space is es conducted in region g., fundraising, program nvestments, grants to located in the region)	plete if the organization answer grants and other assistance, he grants or assistance? its grants and other assistar s needed.) (e) If activity listed in is a program service describe specific typ	wered "Yes" , , Yes No nce outside the (d) (f) Total e, for and pe for and investments in region
Part I General Information on Activities Outside the U to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substant the grantees' eligibility for the grants or assistance, and the selection of United States. 2 For grantmakers. Describe in Part V the organization's procedures for United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicat (a) Region (b) Number of offices in the region (c) Number of employees, agents, and independent contractors in region central AMERICA AND Central AMERICA AND	tiate the amount of its gr criteria used to award th or monitoring the use of it red if additional space is es conducted in region g., fundraising, program nvestments, grants to located in the region)	plete if the organization answer grants and other assistance, he grants or assistance? its grants and other assistar s needed.) (e) If activity listed in is a program service describe specific typ	wered "Yes" , , Yes No nce outside the (d) (f) Total e, for and pe for and investments in region
to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substant the grantees' eligibility for the grants or assistance, and the selection of 2 For grantmakers. Describe in Part V the organization's procedures for United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicat (a) Region (b) Number of offices in the region (c) Number of offices in the region (d) Activities (by type) (e.g. services, in recipients	tiate the amount of its gr criteria used to award th or monitoring the use of it red if additional space is es conducted in region g., fundraising, program nvestments, grants to located in the region)	grants and other assistance, he grants or assistance? its grants and other assistar s needed.) (e) If activity listed in is a program service describe specific typ	, Yes No nce outside the (d) (f) Total e, expenditures for and investments in region
1 For grantmakers. Does the organization maintain records to substant the grantees' eligibility for the grants or assistance, and the selection of the grantmakers. Describe in Part V the organization's procedures for United States. 2 For grantmakers. Describe in Part V the organization's procedures for United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicat of offices in the region in the region in the region in the region in region (a) Region (b) Number of offices in recipients in region (c) Number of in the region (c) Number of in the region (c) The following Part I, line 3 table can be duplicated in the region (d) Activitie (by type) (e.g. services, in recipients) Contractors In the region (b) type)	criteria used to award th or monitoring the use of it and if additional space is as conducted in region g., fundraising, program nvestments, grants to located in the region)	he grants or assistance? its grants and other assistar s needed.) (e) If activity listed in is a program service describe specific typ	Yes No Ince outside the Ince outside the Ince outside the I
2 For grantmakers. Describe in Part V the organization's procedures for United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicat (a) Region (a) Region (b) Number of offices in the region (a) Region (b) Number of offices in the region (c) Number of offices in the region (c) Number of in the region (c) Region (c) Number of offices in the region (c) Region (c) Number of offices in the region (c) Region (c) Number of offices in the region (c) Region (c) Number of offices in the region (c) Region (c) Number of offices in the region (c) Region (c) Number of offices in the region (c) Region (c) Region (c) Regio	or monitoring the use of it red if additional space is as conducted in region g., fundraising, program nvestments, grants to located in the region)	its grants and other assistants and other assistants and other assistants and other assistant structure (e) If activity listed in the second structure of the specific type of ty	nce outside the (d) (f) Total e, for and investments in region
United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicat (a) Region (b) Number of offices in the region (c) Number of employees, agents, and independent contractors in region (b) type) (e.g. services, in recipients	ed if additional space is es conducted in region g., fundraising, program nvestments, grants to located in the region)	s needed.) (e) If activity listed in is a program service describe specific typ	r (d) (f) Total e, expenditures for and investments in region
(a) Region (b) Number of offices in the region (c) Number of employees, agents, and independent contractors in region (d) Activitie (by type) (e.g. agents, and independent contractors in region CENTRAL AMERICA AND ENTRAL AMERICA AND (b) Number of offices agents, and independent contractors in region (c) Number of employees, agents, and independent contractors in region (c) Number of employees, agents, and independent contractors (b) Number of independent contractors (c) Number of employees, agents, and independent contractors (c) Number of independent contractors	es conducted in region g., fundraising, program nvestments, grants to located in the region)	(e) If activity listed in is a program service describe specific typ	e, expenditures pe for and investments in region
employees, agents, and in the region independent contractors in region is recipients entral AMERICA AND	g., fundraising, program nvestments, grants to located in the region)	n is a program service describe specific typ	e, expenditures pe for and investments in region
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Schedule F (Form 990) 2011

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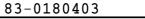
Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Schedule F (Form 990) 2011

Part II can be du	plicated if additional	space is needed.						
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
	the grantee or counse	el has provided a sectior	l recognized as charities by the n 501(c)(3) equivalency letter					<u> </u>

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Page 2

(c) Number of

recipients

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

(d) Amount of

cash grant

(e) Manner of

cash disbursement

30

(h) Method of valuation (book, FMV, appraisal, other)

83-0180403

(f) Amount of

non-cash

assistance

(g) Description of

non-cash assistance

(a) Type of grant or assistance

Part III can be duplicated if additional space is needed.

(b) Region

Schedule F (Form 990) 2011 BUFFALO BILL MEMORIAL ASSOCIATION Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)</i>	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)</i>	X Yes	□ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)</i>	Yes	X No

Schedule F (Form 990) 2011

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury	
Internal Revenue Service	

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open To Public Inspection

Employer identification number

OMB No. 1545-0047

Name of the organization	
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BUFFALO BILL MEMORIAL ASSOCIATION

BUFFALC	BILL MEMORIA	L ASSC	DCI.	ATI	ON	83-0180	403
Part I Fundraising Activities required to complete this part	 Complete if the organizat t. 	tion answer	ed "Y	′es" to	Form 990, Part IV, I	line 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	e X f X g X pr oral agreement with any Part VII) or entity in connect ividuals or entities (fundrais	Solicitatio Solicitatio Special fu individual (i	on of on of undra incluc	non-g gover iising o ding o ional f	overnment grants nment grants events fficers, directors, tru: undraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		(iii) fundra have cu or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
VITAL DATA MANAGEMENT, INC 12 ALFRED STREET, WOBURN, MA	DIRECT MAIL PROGRAM	ŀ	Yes	No X	380,085.	64,232.	315,853.
Total					380,085.	64,232.	315,853.

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY DC

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

		of fundraising event contributions and gr			eventes with gross receip	13 greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
Revenue			PATRONS BALL			(add col. (a) through col. (c))	
			(event type)	(event type)	(total number)		
	1	Gross receipts	319,153.			319,153.	
	2	Less: Charitable contributions	187,758.			187,758.	
	3	Gross income (line 1 minus line 2)	131,395.			131,395.	
	4	Cash prizes					
ses	5	Noncash prizes	90,838.			90,838.	
Expen	6	Rent/facility costs					
Direct Expenses	7	Food and beverages	69,975.			69,975.	
	8	Entertainment				<u>21,611.</u> 23,036.	
	9	Other direct expenses Direct expense summary. Add lines 4 throug				(205,460,	
	10 11	Net income summary. Combine line 3, colum				-74,065.	
Pa			answered "Yes" to Form	990, Part IV, line 19, or i	reported more than	, ,	
		\$15,000 on Form 990-EZ, line 6a.					
	<u> </u>	ψ13,000 011 0111 990-EZ, IIIE 0a.	1				
/enue		φτο,000 0πτ 0πτ 330°EZ, IINE 0a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming 58 , 700 .	col. (a) through col. (c))	
	1	Gross revenue	(a) Bingo			col. (a) through col. (c))	
		Gross revenue	(a) Bingo			col. (a) through col. (c))	
Direct Expenses Revenue	2	Gross revenue	(a) Bingo		58,700.	col. (a) through col. (c))	
	2 3	Gross revenue Cash prizes Noncash prizes		bingo/progressive bingo	58,700. 20,000. 1,036.	col. (a) through col. (c))	
	2 3 4	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	bingo/progressive bingo	58,700. 20,000.	col. (a) through col. (c)) 58,700. 20,000.	
	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes %	bingo/progressive bingo	58,700. 20,000. 1,036. X Yes 100 % No	col. (a) through col. (c)) 58,700. 20,000.	
	2 3 4 5 6	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	↓ Yes% No h 5 in column (d)	bingo/progressive bingo	58,700. 20,000. 1,036. X Yes_100 % No	col. (a) through col. (c)) 58,700. 20,000. 1,036.	
Direct Expenses	2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Combine line	Yes% No 1, column d, and line 7	bingo/progressive bingo	58,700. 20,000. 1,036. X Yes_100 % No	col. (a) through col. (c)) 58,700. 20,000. 1,036. (21,036,	
b C Direct Expenses	2 3 4 5 6 7 8 En	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	h 5 in column (d) 1, column d, and line 7 ates gaming activities: <u>W</u> ctivities in each of these s	bingo/progressive bingo	58,700. 20,000. 1,036. X Yes 100 % No	col. (a) through col. (c)) 58,700. 20,000. 1,036. (21,036,	
b C Direct Expenses	2 3 4 5 6 7 8 En	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Combine line : ter the state(s) in which the organization operate the organization licensed to operate gaming additional constants and the organization states and the organization operate gaming additional constants and the organization operate gaming additional constants and the organization states	h 5 in column (d) 1, column d, and line 7 ates gaming activities: <u>W</u> ctivities in each of these s	bingo/progressive bingo	58,700. 20,000. 1,036. X Yes 100 % No	col. (a) through col. (c)) 58,700. 20,000. 1,036. (21,036. 37,664.	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

132082 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011 BUFFALO BILL MEMORIAL ASSOCIATION 83-0	1804	03 Page 3
11 Does the organization operate gaming activities with nonmembers?	Χγ	
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?	ן <u>ווי</u> ץ	es 🛛 No
13 Indicate the percentage of gaming activity operated in:		00 00 ~
a The organization's facility		<u>.00.00 %</u> %
b An outside facility14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130	<u>%</u>
Name MEG KATH		
Address > 720 SHERIDAN AVENUE - CODY, WY 82435		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		es 🛛 X 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 $ ightarrow $ \$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name 🕨 MEG KATH		
0		
Gaming manager compensation 🕨 \$0.		
Description of services provided OVERALL MANAGEMENT OF THE RAFFLE.		
Director/officer Employee X 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?	🗀 Y	es 🛛 🗶 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 \$		and Dark III
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	s:	
(I) NAME OF FUNDRAISER: VITAL DATA MANAGEMENT, INC.		
(I) ADDRESS OF FUNDRAISER: 12 ALFRED STREET, WOBURN, MA 01801-1	.972	
SCHEDULE G, PART I, LINE 2B, COLUMN (V): AMOUNTS PAID TO THE FUN	IDRAI	SER
INCLUDED THE FOLLOWING: DESIGN & COPY \$8,010.00; MATERIALS \$22,5	63.0	0;
		. –
PRODUCTION \$21,057.00; AND POSTAGE \$12,602.00 FOR A TOTAL OF \$64	:,434	•

SCHEDULE I									OMB No. 1	545-0047
(Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States								2011	
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.								Open to Public Inspection	
								Employer	er identification number 83-0180403	
Part I General Ir	nformation on Grants a								00 01	
1 Does the organiz	zation maintain records	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the selec	tion		
criteria used to a	award the grants or assi	stance?							X Yes	🗌 No
2 Describe in Part	IV the organization's pro									
	d Other Assistance to		-						•	
· · · ·	hat received more than					can be duplicated if a				
	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance		Purpose of g or assistanc	
EASTERN WASHINGTC 200 PATTERSON HAI CHENEY, WA 99004-	L		IRC SECTION 115	16,106.	0.			RESEARCH		
UNIVERSITY OF NEE	BRASKA PRESS									
1111 LINCOLN MALI										
LINCOLN, NE 65855	5-0630		IRC SECTION 115	34,406.	0.			RESEARCH		
2 Enter total numb	per of section 501(c)(3) a	nd government or	ganizations listed in th	e line 1 table			•	>		2.
3 Enter total numb	per of other organization	s listed in the line	1 table					►		
LUA For Doportwork	Doduction Act Nation	and the Instruct	ione for Earm 000					Cabaa		0001 (00441

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

83-0180403

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			
GRANTS/SCHOLARSHIPS/FELLOWSHIPS	15	100,500.	0.					
		,						
Part IV Supplemental Information. Complete this part to provide	de the informatio	n required in Part I,	line 2, and any other	r additional information.				
SCHEDULE I, PART I, LINE 2: ONCE I	HE FELLO	WS ARE AWA	RDED, THEI	R WORK				
SITUATIONS ARE FULLY DEVELOPED AND	MONITOR	ED BY THE	PROGRAM CO	ORDINATOR.				
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 REQUI	REMENTS,	EITHER IN	RESIDENCE	OR IN FIELD				
WORK, A MEET-AND-GREET RECEPTION W	ITH CURA	TORIAL 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.

(Fo	HEDULE J Compensation Information rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees tment of the Treasury al Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 23. Attach to Form 990. See separate instructions.	OMB No. 13 20 Open to Inspec	11 Public	
Nam		nployer identificatio	n num	ber
	BUFFALO BILL MEMORIAL ASSOCIATION	83-0180403	3	
Pa	rt I Questions Regarding Compensation			
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. First-class or charter travel Housing allowance or residence for personal Travel for companions Payments for business use of personal reside Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef	0, use ence	Yes I	No
h	If any of the bayes on line 1a are checked, did the organization follow a written policy regarding payment or			
D.	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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, direct			
-	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	· · · ·		
	, , , , , , , , , , , , , , , , , , , ,			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations Independent compensations Independent organizations Independent compensation consultant Independent organizations Independent or	to		
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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			Х
с	Participate in, or receive payment from, an equity-based compensation arrangement?			Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
5 a	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: The organization?	5a		x
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
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:			
а	The organization?	6a		<u>X</u>
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			v
~	not described in lines 5 and 6? If "Yes," describe in Part III	7		<u>x</u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
~	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			<u>x</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?		0001 00	011
∟пА	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	330) 2(ווכ

132111 01-23-12 Schedule J (Form 990) 2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
	(i)	176,558.	0.	681.	7,258.	20,739.	205,236.	0.	
1 BRUCE ELDREDGE	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
2	(ii)								
	(i)								
3	(ii)								
	(i)								
4	(ii)								
-	(i)								
5	(ii)								
6	(i) (ii)								
8	(i)								
7	(ii)								
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8	(ii)								
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9	(ii)								
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10	(ii)								
	(i)								
	(ii)								
	(i)							ļ	
12	(ii)								
	(i)								
13	(ii)								
14	(i)								
14	(ii) (i)								
15	(i) (ii)								
	(i)								
16	(ii)								
	100							L. L/Earma 000) 0011	

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Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

2011

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

83-0180403

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Pa	rt I Types of Property									
		(a)	(b)	(c)			(d)	,		
		Check if	Number of	Noncash cont				etermin		
		applicable	contributions or items contributed	amounts repo		noncash c	ontrib	ution ar	mount	S
1	Art - Works of art	X	7			OPINION	OF	EXP	ERT	
2	Art - Historical treasures	X	11		000.	OPINION				
3	Art - Fractional interests			/						
4	Books and publications	X		21.	634.	OPINION	OF	EXP	ERT	
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									
40	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			1	050	ODINITON	~ =	-		
18	Collectibles	X	3	<i>⊥</i> ,	950.	OPINION	OF.	EXP.	ERT	
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts	X	42	876,	698.	OPINION	OF	EXP	ERT	
23	Scientific specimens									
24	Archeological artifacts									
25	Other \blacktriangleright (FUNDRAISING S)	X	117	100,	838.					
26	Other ► ()									
27	Other ► ()									
28	Other ► ()									
29	Number of Forms 8283 received by the organ	zation durin	g the tax year for c	ontributions						
	for which the organization completed Form 82	83, Part IV,	Donee Acknowledg	gement	29				6	
									Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lin	nes 1-28 th	at it must hold f	or			
	at least three years from the date of the initial	contribution	, and which is not	required to be use	ed for exer	npt purposes fo	or			l
	the entire holding period?							30a		Х
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standa	ard contrib	utions?		31	Х	
32a	Does the organization hire or use third parties									<u> </u>
	contributions?		•					32a		x
b	If "Yes," describe in Part II.									
33	If the organization did not report an amount in	column (c) t	for a type of prope	rtv for which colur	mn (a) is ch	necked.				
	describe in Part II.	(0)		-, .e		,				
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Scher	lule M	(Form	990) (2011)
									/ (,

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number 83 - 0180403

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

COUNSEL AND GIVE AID TO SMALLER INSTITUTIONS AND INDIVIDUALS IN WYOMING

AND ROCKY MOUNTAIN REGION.

THE CENTER SUCCESSFULLY COMPLETED ITS FOURTH REACCREDIDATION 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.

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 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 TACTIC OF 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 ONE DOES NOT HAVE TO BE IN THE WEST TO EXPERIENCE WHAT THE AMERICAN WEST IS ABOUT. ONE CAN DO THAT VIRTUALLY VIA TECHNOLOGY AND THROUGH OUR EXHIBITS AND PROGRAMS THAT TRAVEL ACROSS THE COUNTRY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 1922112

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number 83 - 0180403

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 POLICIES TO DRIVE THESE THEMES INTO ALL OF OUR EXHIBITS AND PROGRAMS. IN ADDITION, A MASTER INTERPRETIVE PLAN IS BEING CREATED TO ENSURE THE CENTER IS REACHING ITS AUDIENCES WITH PROGRAMS AND EXHIBITS THAT EXPLAIN THE THEMES AND MEET ITS VISITORS' NEEDS. IT WILL EVENTUALLY EXPAND OUR AUDIENCES FROM 200,000 ON-SITE VISTORS TO ALMOST 300,000 VISTORS ANNUALLY. IN ADDITION, IT 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 SECTION OF THE CENTER THAT FOCUSES ON THE HISTORY OF WILLIAM F. "BUFFALO BILL" CODY. PLANNING AND FUNDRAISING HAVE BEEN UNDERWAY SINCE 2008 AND CONSTRUCTION IS SCHEDULED TO BE COMPLETED IN JULY OF 2012.

IN 2011, THE CENTER'S TRUSTEES COMPLETED 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 132212 Schedule Q (Form 990 or 990-EZ) (2011)

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Schedule O (Form 990 or 990-EZ) (2011) Name of the organization	Page 2 Employer identification number
BUFFALO BILL MEMORIAL ASSOCIATION	83-0180403
INFORMING THE NATIONAL CHARACTER THAT ARE INHERENT IN THE	AMERICAN
WEST, WHICH CAN BE DESCRIBED AND EXPLAINED THROUGH THE HI	STORY OF THE
REGION FROM NATURAL, CULTURAL, TECHNOLOGICAL, AND HISTORI	CAL
PERSPECTIVES.	
FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVI	CE:
EDUCATIONAL ACTIVITIES:	
EDUCATION DEPARTMENT MISSION STATEMENT:	
"THE BUFFALO BILL HISTORICAL CENTER'S EDUCATION DEPARTMEN	T ADVANCES
LIFELONG LEARNING ABOUT THE AMERICAN WEST THROUGH THE FOL	LOWING:

- ENCOURAGE THE INTERCONNECTEDNESS OF PEOPLE, CULTURES, AND NATURE

- PROMOTE INTERACTION AMONG VISITORS AND STAFF."

THE 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.

BUFFALO BILL MEMORIAL ASSOCIATION

Page 2

FAMILY FUN DAYS:

THE EDUCATION STAFF CREATED EIGHT FAMILY FUN DAYS. IN JUNE, "LIVE IN THE MUSEUM" HIGHLIGHTED THE DIVERSITY OF ANIMALS IN OUR REGION, BOTH WILD AND DOMESTIC. "DAY OF THE AMERICAN COWBOY" CELEBRATED COWBOY HERITAGE IN LATE JULY. ACTIVITIES INCLUDED CHILDREN MAKING THEIR OWN STICK HORSES AND PARTICIPATING IN THE KIDS' RODEO EVENTS. IN AUGUST, "FUN WITH WATER IN THE WEST" EXPLORED WATER'S IMPORTANCE IN THE WEST. WATER RELATED ACTIVITIES INCLUDED WATERCOLOR PAINTING, BUILDING A DAM, AND WATER RELAYS. WINTER FAMILY FUN DAYS INCLUDED "BUFFALO BILL BIRTHDAY PARTY", "LET'S PARTY", "FAMILY TIES", A MUSEUM RACE, AND "HOOTIN' HOWLIN HALLOWEEN".

DAILY AFTERNOON FAMILY PROGRAMMING:

OUR FOCUS ON FAMILY AND CHILDREN'S PROGRAMMING INCLUDED DAILY PROGRAMS

IN THE GALLERIES AND GARDENS EVERY WEEKDAY THROUGHOUT THE SUMMER.

"YAHOO YELLOWSTONE!" ENCOURAGED OUR YOUNG VISITORS TO EXPLORE THE

NATURAL WONDERS OF YELLOWSTONE BY CREATING THEIR OWN JOURNALS AND

VISITING EXPLORATION STATIONS TO USE THEIR NATURALIST SKILLS.

"ART-IN-THE-GARDEN" ALLOWED VISITORS TO TRY A HAND AT PAINTING AND

SKETCHING WITH A VARIETY OF ART MATERIALS. "GAMES-IN-THE-GARDEN"

ENCOURAGED CHILDREN OF ALL AGES TO PLAY WITH HISTORIC TOYS, AND CARRY

WATER WITH SHOULDER YOKES AND BUCKETS.

ADULT WORKSHOPS:

WORKSHOPS ARE 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

 132212
 Schedule O (Form 990 or 990-EZ) (2011)

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Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number 83-0180403
OF THESE PROGRAMS WHILE OTHERS ARE FREE TO ALL. EXAMPLES	INCLUDE:
WINTER EAGLE WATCH (FIELD EXCURSION), OWL PROWL, PREDATOR	PARADE, BIG
CEDAR RIDGE PLANT FOSSIL FIELDTRIP, PAINTING WITH THE MAS	TERS (STUDIO
ART CLASS), FURNITURE BUILDING, AND BEHIND THE SCENES TOU	RS OF THE
BBHC.	
SPOTLIGHT PROGRAMS:	
EACH SUMMER, EDUCATION STAFF, DOCENTS, AND INTERNS PRESEN	T "SPOTLIGHT
PROGRAMS" TO SUMMER VISITORS. THESE SHORT, 20-MIN INTERPR	ETIVE
PRESENTATIONS PROVIDE INFORMATION TO THE VISITORS ABOUT A	PARTICULAR
TOPIC WITHIN THE BUFFALO BILL HISTORICAL CENTER. PROGRAMS	ARE PRESENTED
IN ALL OF THE MUSEUMS. SPOTLIGHTS APPEAL TO THE VISITOR O	R GENERAL
AUDIENCE AND ALSO HELP TO ORIENT THE VISITOR TO THE REST	OF THE MUSEUM.
TOPICS INCLUDED: THE STORY OF THE SCOUT, THE ART OF A.P.	PROCTOR, THE
CHUCKWAGON-HEART OF THE CATTLE DRIVE. IN ADDITION, BEAR A	WARE SPOTLIGHT
PROGRAMS WERE PRESENTED IN COOPERATION WITH THE US FOREST	SERVICE.

SCHOOL SERVICES:

CONSIDERING OUR MISSION TO ADVANCE KNOWLEDGE ABOUT THE AMERICAN WEST,
THE CENTER DEVELOPED PROGRAMS THAT ENGAGE K-12 SCHOOL STUDENTS IN
LEARNING ABOUT THE WEST. THE MUSEUM ADVENTURE 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. PROGRAMS INCLUDE YOUNG EXPLORERS: I
SPY ART, BUFFALO BILL'S BIRTHDAY CELEBRATION, AND GREATER YELLOWSTONE
ADVENTURE. ALL SCHOOL SERVICES ARE DESIGNED TO ADDRESS STATE EDUCATION
STANDARDS AND GOALS AND MEET THE NEEDS OF STUDENTS IN SMALL, ISOLATED
COMMUNITIES WHO HAVE LIMITED ACCESS TO SCIENCE, ARTS, AND
132212 01-23-12 Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number 83-0180403
HUMANITIES-RELATED PROGRAMMING. OVER 5,000 STUDENTS VISIT	ED THE CENTER
ON GUIDED AND SELF-GUIDED TOURS. LENDING MATERIALS ARE SEN	NT OUT
NATIONWIDE TO SCHOOLS THAT ARE UNABLE TO VISIT THE CENTER	. THESE
MATERIALS INCLUDE TRAVELING TRUNKS, LEARNING KITS, AND DV	DS AND REACH
OVER 3,500 STUDENTS PER YEAR.	
COE AUDITORIUM PROGRAMS:	
SPECIAL PRESENTERS AND OUR OWN CURATORS DO PROGRAMS IN TH	E COE
AUDITORIUM THROUGHOUT THE SUMMER FOR OUR VISITORS. THEY A	ITRACT BOTH
OUR GENERAL VISITORS AND OUR LOCAL COMMUNITY MEMBERS FOR A	APPROXIMATELY
45 MINUTES OF INTERPRETATION AND ENTERTAINMENT. THE PROGRA	AMS ARE
PRIMARILY DESIGNED FOR ADULT AUDIENCES. PROGRAMS INCLUDE:	DRAPER MUSEUM
OF NATURAL HISTORY LUNCHTIME EXPEDITIONS LECTURE SERIES,	PANEL
DISCUSSION FORUMS IN COOPERATION WITH UNIVERSITY OF WYOMI	NG, AND
PRESENTATIONS BY OUR CURATORIAL STAFF.	

RESEARCH AND SCHOLARSHIP:

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 INFORMATION THAT HAS BEEN PUBLISHED ABOUT HIM. THIS INFORMATION IS COLLECTED, ANNOTATED, AND PLACED ON THE INTERNET THROUGH A PARTNERSHIP WITH THE UNIVERSITY OF NEBRASKA DIGITAL ARCHIVES. THE PAPERS OF WILLIAM F. CODY HAS ALSO PUBLISHED OR REPUBLISHED THREE BOOKS INCLUDING THE DEFINITIVE NARRATIVE OF THE AUTOBIOGRAPHY OF WILLIAM F. CODY- REPRINTED FOR THE FIRST TIME SINCE 1899 WITH EXTENSIVE SCHOLARLY ANNOTATIONS AND 1723-12 Schedule O (Form 990 or 990-EZ) (2011)

Employer identification number

BUFFALO BILL MEMORIAL ASSOCIATION	83-0180403
AN UPDATE ON HIS LIFE FROM THE COMPLETION OF THE AUTOBIOG	RAPHY TILL HIS
DEATH IN 1917. IN ADDITION, A PARTNERSHIP WITH THE UNIVER	SITY OF
STRATHCLYDE IN SCOTLAND IS PRODUCING TRANSLATIONS OF ALL	PUBLISHED
ACCOUNTS OF CODY'S TRIPS TO EUROPE WITH HIS SHOW, THE WIL	D 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, THREE OF WHOM HAVE PHD'S. 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 AND 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 THESE STAFF IS PRESENTED AT PROFESSIONAL CONFERENCES AND SYMPOSIA RELATED TO HISTORY, AMERICAN INDIAN CULTURE, FIREARMS TECHNOLOGY, ART, AND OTHER HUMANITIES BASED ACTIVITIES. OVER THE PAST THREE YEARS, STAFF RESEARCH HAS BEEN PRESENTED AT 15 CONFERENCES AND HAS RESULTED IN THE PRODUCTION OF 5 EXHIBITIONS AND THE PUBLICATION OF 3 CATALOGS AND GALLERY GUIDES.

Schedule O (Form 990 or 990-EZ) (2011)	Page 2			
Name of the organization BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number 83-0180403			
FORMALLY DEDICATED IN 1980, THE MCCRACKEN RESEARCH LIBRARY HAS BECOME				
THE RESEARCH ARM OF THE CENTER, ATTRACTING SCHOLARS, AUTHORS,				
FILMMAKERS, AND COLLECTORS WHO SEEK DIRECT CONTACT WITH THE MATERIALS				
OF HISTORY. IN AN AVERAGE YEAR, THE LIBRARY SERVES 80 REG	ISTERED			
RESEARCHERS AND 340 WALK-IN VISITORS, AND RESPONDS TO 1,0	32 REFERENCE			
QUESTIONS. IN 2007, THE LIBRARY RECEIVED AN INSTITUTE OF	MUSEUM AND			
LIBRARY SERVICES (IMLS) MUSEUMS FOR AMERICA GRANT TO DIGITIZE				
PHOTOGRAPHIC COLLECTIONS. THE DIGITAL COLLECTIONS ONLINE NOW DISPLAY				
MORE THAN 21,000 HISTORIC IMAGES AND DOCUMENTS FOR RESEAR	CH. THE			
LIBRARY ALSO CONDUCTS PRIMARY SOURCE CLASSES FOR HIGH SCH	OOL STUDENTS			
IN THIS REMOTE RURAL REGION. LAST YEAR OVER 150 STUDENTS	AT THE HIGH			
SCHOOL LEVEL LEARNED HOW TO RESEARCH, ANALYZE AND THEN 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 1: THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES SHALL HAVE AND MAY EXERCISE ALL OF THE POWER AND AUTHORITY OF THE BOARD OF TRUSTEES DURING INTERVALS BETWEEN REGULAR MEETINGS OF THE BOARD OF TRUSTEES, EXCEPT AS HEREINAFTER LIMITED FROM TIME TO TIME BY RESOLUTION OF THE BOARD OF TRUSTEES AND AS LIMITED BY APPLICABLE LAW. THE EXECUTIVE COMMITTEE SHALL CONSIST OF ALL OF THE OFFICERS OF THE CENTER AND ADDITIONAL TRUSTEES NOT TO EXCEED FIFTEEN MEMBERS OF THE BOARD OF TRUSTEES. THE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL BE APPOINTED BY THE CHAIRMAN IMMEDIATELY AFTER THE ELECTION OF TRUSTEES AT THE REGULAR MEETING OF THE BOARD OF TRUSTEES HELD IN THE MONTH OF SEPTEMBER IN EACH YEAR, AND SHALL BE RATIFIED BY RESOLUTION ADOPTED BY MAJORITY VOTE OF THE 18212 147

TRUSTEES PRESENT AND VOTING AT SUCH MEETING.

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; MARY ANNE DINGUS AND CHARLES DUNCAN; AS WELL AS ERNEST J.

GOPPERT, JR. AND DEBORAH G. HOFSTEDT HAVE A FAMILY RELATIONSHIP. DANIELE D.

BODINI AND COLIN M. SIMPSON; AND RICHARD S. NELSON, ALAN K. SIMPSON AND

COLIN M. SIMPSON HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4: ON JANUARY 28, 2011 BY-LAW CHANGES

WERE APPROVED. THE CHANGES INCLUDE:

1. THE CHAIRMAN OF THE AUDIT, COMPLIANCE, AND RISK MANAGEMENT AND

GOVERNANCE COMMITTEES AS WELL AS OTHERS WHOM THE GROUP DESIGNATES SHALL

SERVE WITH THE CHAIRMAN AND VICE-CHAIRMEN OF THE BOARD TO CONDUCT AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR AND CEO.

2. ALL BOARD OF TRUSTEE OFFICERS ARE NO LONGER EXEMPT FROM TERM LIMITS OF TRUSTEES WHILE THEY SERVE AS AN OFFICER.

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

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

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
BUFFALO BILL MEMORIAL ASSOCIATION	83-0180403
FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRE	CTORS DESIGNATED A
SMALL COMMITTEE TO PROVIDE THE EXECUTIVE DIRECTOR WITH A	CONFIDENTIAL
PERFORMANCE EVALUATION. RESOURCES USED IN DETERMINING THE	COMPENSATION
RANGE FOR THE EXECUTIVE DIRECTOR INCLUDED INDUSTRY COMPEN	SATION SURVEYS AND
DIRECTOR COMPENSATION FROM A NUMBER OF COMPARABLE INSTITU	TIONS BEFORE

RECOMMENDING A PAY INCREASE TO THE EXECUTIVE BOARD.

THE EXECUTIVE BOARD APPROVED A PAY INCREASE FOR THE FISCAL YEAR 2011;

HOWEVER, THE EXECUTIVE DIRECTOR CHOSE TO DEFER SOME OF THE PAY INCREASE DUE

TO BUDGET CONSTRAINTS. THIS PROCESS WAS LAST COMPLETED IN 2011.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MD,MA,MI,MN MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV, WI,WY,DC

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 LOSSES ON INVESTMENTS:

-2,006,664.

SCHEDULE B

STATEMENT 1

PHOTOGRAPHER FOR THE 2011 BBHC AFFINITY TRIP TO SCOTLAND IN MAY/JUNE. DESIGNED AND PURCHASED FROM APPLE PHOTO BOOKS FOR EACH OF THE ATTENDEES. A TOTAL OF 20 BOOKS, CONTAINING 38 PAGES EACH, WERE PURCHASED. SCHEDULE B

STATEMENT 2

FOUR DAY GUIDED PACK TRIP FOR TWO PEOPLE IN 2012. GUIDE IS TOM HOCKHALTER OF TIMBER CREEK OUTFITTERS. INCLUDES THE FINEST HORSES, MOUNTAIN COOKING, EVENING COCKTAILS, FISHING AND PHOTOGRAPHY OPPORTUNITIES.

Print Rewning Statutary For calendar year 2011 or other tax year beginning	ions Only number 0 3 vity codes
B Exempt under section Print BUFFALO BILL MEMORIAL ASSOCIATION 83-018040 M00(e) 220(e) 100 100 100 100 100 M00(e) 220(e) 100	vity codes
Image: Solid (c) (3) 0 Type Number, street, and room or suite no. If a P.O. box, see instructions. Eurerated business activity Image: Add(s) 1220(s) City or town, state, and ZiP code CODY, WY 82435 453220 C Book value of all assets at end of year F Group exemption number (See instructions.) Image: CODY, WY 82435 453220 C Book value of all assets at end of year F Group exemption number (See instructions.) Image: CODY, WY 82435 453220 H Describe the organization's primary unrelated business activity. SEE STATEMENT 3 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Image: Wes X No If "Yes," enter the name and identifying number of the parent corporation. Image: Wes X No No If wes, "enter the ane and identifying number of the parent corporation. Image: Wes X No No If wes, "enter the name and identifying number of the parent corporation. Image: Wes X No No If wes, "enter the name and identifying number of the parent corporation. Image: Wes X No No If wes, "enter the name and identifying number of the parent corporation. Image: Wes X	vity codes
↓ 408(e) 220(e) ↓ ype 720 SHERIDAN AVENUE ↓ (Uvertown, state, and ZIP code ↓ 529(a) CODY, WY 82435 ↓ 453220 C Bock value of all assets at end of year ↓ G Check organization type ▶ X 501(c) corporation ↓ 501(c) trust ↓ 401(a) trust ↓ 0ther trust 156995587. ↓ B Check organization type ▶ X 501(c) corporation ↓ 501(c) trust ↓ 401(a) trust ↓ 0ther trust 156995587. ↓ B Check organization type ▶ X 501(c) corporation ↓ 501(c) trust ↓ 401(a) trust ↓ 0ther trust 156995587. ↓ B Check organization type ▶ X 501(c) corporation ↓ 501(c) trust ↓ 401(a) trust ↓ 0ther trust 156995587. ↓ B EE STATEMENT 3 ↓ ↓ ↓ ↓ ↓ 100(a) (a) (a) (a) (a) (b) (a) (b) (b) (b) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
408A 530(a) City or town, state, and ZIP code 453220 C Bock value of all assets F Group exemption number (See instructions.) ▲ 453220 C Bock value of all assets F Group exemption number (See instructions.) ▲ ▲ 156995587. C Bock organization's primary unrelated business activity. > SEE STATEMENT 3 ● I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? > > > J The books are in care of MEG KATH Telephone number > (307)578-404 Part II Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 14,818. (D) Net 2 6,703. 3 3 8,115. 8,1 4a 4a 4a b Ket schutz Stored income (Schedule D) 4a 4a <	
C Book value of all assets at end of year F Group exemption number (See instructions.) Image: Construction of the second s	
at end of year 6 Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust 156995587. H Describe the organization's primary unrelated business activity. SEE STATEMENT 3 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? L Yes. X No If "Yes." enter the name and identifying number of the parent corporation. M Telephone number (307) 578-404 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 Gross receipts or sales 14,818. 2 6,703. 2 6,703. 2 Gords sold (Schedule A, line 7) 2 6,703. 2 6,703. 2 6,703. 2 6,703. 2 6,703. 2 6,703. 2 6,703. 2 6,703. 2 6,703. 3 8,115. 8,11 4 <td< td=""><td></td></td<>	
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Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)	
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14 Compensation of officers, directors, and trustees (Schedule K)	
•	151.
16 Repairs and maintenance 16	
17 Bad debts 17 18 Interest (attach schedule) 18	
18 Interest (attach schedule) 18 19 Taxes and licenses 19	
20 Charitable contributions (See instructions for limitation rules.) 20	
21 Depreciation (attach Form 4562)	
22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b	
23 Depletion 23	
24 Contributions to deferred compensation plans 25 5	
25 Employee benefit programs 25	
26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27	
	672.
	823.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 4 , 2	292.
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 4 , 2	292.
	000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller 34 3, 2 of zero or line 32 34 3, 2	

Form 990-T (2011) BUFFALO BILL MEMORIAL ASSOCIAT	ION
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35 Oparizations Table as Corporations. See instructions for the computation. 0 Corrolido grammers (science) Staff and 1553 (science). See instructions and: 1 Fiber your stare of the S50,003, S25,000, and S25,000 availe income brackets (in that order): (i) is (i) (i) (i) (i) (ii) (i) (iii) (iii) (iiii) (iiii) (i) (iiiii) (iiiii) (iiiii) (iiiii) (i) (iiiiii) (iiiiiii) (iiiiiii) (iiiiiii) (i) (iiiiiiiiiiii) (iiiiiiiiiiii) (iiiiiiiiiiii) (iiiiiiiiiiiii) (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Part II	1 1	Tax Computation				
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Firm's address ► BILLINGS, MT 59103-7112 Phone no. 406-896-2400	036 0	y		.12			
			Firm's address BILLINGS , MT 59103-7112		Phone no.	406	-896-2400

Schedule O - Rent Incon	ne (From Real	Property a	nd Personal	Proper	ty Lease	ed With Real P	rope	rty)(see instructions)	
. Description of property									
(1)									
(2)									
(3)									
(4)									
		ed or accrued				3(a) Deductions dire	ctly conr	nected with the income in	
(a) From personal property (if the rent for personal property is 10% but not more than 1	more than	` of rent for	al and personal proper or personal property ex rent is based on profit	ceeds 50%	or if	Columns 2(a) and 2(b) (attach schedule)	
(1)									
(2)									
(3)									
(4) Fotal	0.	Total			0.				
:) Total income. Add totals of colur					••	(b) Total deductions			
ere and on page 1, Part I, line 6, col	., .,				0.	Enter here and on page 1 Part I, line 6, column (B)	^{1,} ►		
chedule E - Unrelated I			ee instructions)						
			0			3. Deductions directly of to debt-fination	connecte	ed with or allocable	
1			2. Gross in or allocabl	e to debt-	(a)	Straight line depreciation	· ·	(b) Other deductions	
I. Description of de	bt-financed property		financed	property		(attach schedule)		(attach schedule)	
(1)									
2)									
(3)									
(4)			0			7. Gross income		0	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to inced property n schedule)	6. Column 4 divided by column 5		reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of colum 3(a) and 3(b))		
(1)				%	/o				
(2)				%	6				
(3)				%					
(4)				%	6				
Tatala						ter here and on page 1, art I, line 7, column (A).	0.	Enter here and on page 1, Part I, line 7, column (B).	
Totals Total dividends-received deductio							<u>▶</u>		
Schedule F - Interest, Ar	nuities. Roval	ties, and R	ents From C	ontrolle	d Organ	nizations (see in	struct		
,	, ,		mpt Controlled C			(000			
1. Name of controlled organization	2. Employer ide numl	entification Ne	3. et unrelated income es) (see instructions)		4. of specified ients made	5. Part of column 4 included in the cont organization's gross	that is trolling income	6. Deductions directly connected with income in column 5	
(1)									
(1)									
(2) (3)									
(4)									
onexempt Controlled Organiza	tions								
7. Taxable Income	8. Net unrelated incom (see instructions		Total of specified pay made	vments	in the cont	olumn 9 that is included rolling organization's ross income	11.	Deductions directly connec vith income in column 10	
1)									
2)									
3)									
(4)									
						olumns 5 and 10. and on page 1, Part I,		Add columns 6 and 11. er here and on page 1, Part	

0.

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Page 4

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)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
	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)										
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.				
Totals▶ 0. 0. 0. 0.										
Schedule J - Advertisi	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)						1
(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.
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, 1, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.		0.						0.
Schedule K - Compensatio	n of Officers,	Direct	ors, and	d Trustees (see ir	nstructio	ons)			•
1. Name				2. Title		3. Percertime devot	ted to		pensation attributable related business
(1)							%		
(2)							%		
(3)							%		
(4)							%		
Total. Enter here and on page 1, Part II, I	ine 14		•			•	🕨		0.

BUFFALO BILL MEMORIAL ASSOCIATION

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 3 BUSINESS ACTIVITY

OPERATION OF A GIFT, NOVELTY, AND SOUVENIR SHOP

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
SUPPLIES TRAVEL AND ENTERTAINMENT (50 ADVERTISING/SIGNS CASH OVER/UNDER CREDIT CARD DISCOUNTS PROFESSIONAL FEES PROPERTY TAX DUES & CONFERENCE FEES	& ALLOWABLE PORTION)	228. 57. 61. 8. 293. 1. 16. 8.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	672.