

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial change <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BUFFALO BILL MEMORIAL ASSOCIATION Doing Business As BUFFALO BILL CENTER OF THE WEST Number and street (or P.O. box if mail is not delivered to street address) Room/suite 720 SHERIDAN AVENUE City or town, state or province, country, and ZIP or foreign postal code CODY, WY 82414 F Name and address of principal officer: BRUCE B. ELDREDGE SAME AS C ABOVE	D Employer identification number 83-0180403 E Telephone number (307) 587-4771 G Gross receipts \$ 18,697,668. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CENTEROFTHEWEST.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1917 M State of legal domicile: WY

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>TO EDUCATE & ENTERTAIN WORLDWIDE AUDIENCES ABOUT THE PAST, PRESENT, & FUTURE OF THE AMERICAN WEST.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	47
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	47
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	235
	6 Total number of volunteers (estimate if necessary)	6	143
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	127,096.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	-8,873.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		12,380,721.	5,512,473.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,164,057.	2,702,340.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,341,793.	2,961,916.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,134,168.	1,184,937.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		19,020,739.	12,361,666.
14 Benefits paid to or for members (Part IX, column (A), line 4)		74,327.	37,500.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)		5,165,246.	5,883,912.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,070,578.		81,365.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,248,964.	6,276,464.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,569,902.	12,197,876.
19 Revenue less expenses. Subtract line 18 from line 12	8,450,837.	163,790.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	168,775,251.	171,889,067.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,801,008.	1,139,010.
		166,974,243.	170,750,057.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer BRUCE B. ELDREDGE, EXECUTIVE DIRECTOR/CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JEREMY G. HAUK	Preparer's signature Date 09/24/14
	Firm's name ▶ EIDE BAILLY LLP Firm's address ▶ 401 N 31ST ST STE 1120, PO BX 7112 BILLINGS, MT 59103-7112	Check <input type="checkbox"/> if self-employed PTIN P00626792 Firm's EIN ▶ 45-0250958 Phone no. 406-896-2400

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

MEG KATH

- The books are in the care of **720 SHERIDAN AVENUE - CODY, WY 82435**
Telephone No. **(307) 578-4044** Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **NOVEMBER 15, 2014.**
- For calendar year **2013**, or other tax year beginning _____, and ending _____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension
INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Jeremy Hauke Title CPA Date 7/18/14

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

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

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number (EIN) or 83-0180403
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 720 SHERIDAN AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CODY, WY 82435	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MEG KATH

• The books are in the care of ▶ **720 SHERIDAN AVENUE - CODY, WY 82435**
Telephone No. ▶ **(307) 578-4044** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2013** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE CENTER IS THE WORLD LEADER IN PRESENTING AUTHENTIC INTERPRETATION AND COMPELLING EXPERIENCES ABOUT THE AMERICAN WEST. THROUGH OUR IDEAS, COLLECTIONS, AND PROGRAMS WE EDUCATE AND ENTERTAIN WORLDWIDE AUDIENCES ABOUT THE PAST, PRESENT, 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? [] Yes [X] No

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

4 Describe the 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 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 \$ 9,254,095. including grants of \$) (Revenue \$ 3,310,978.) CURATORIAL, COLLECTIONS & CONSERVATION:

THE CURATORIAL, CONSERVATION AND MUSEUM SERVICES DEPARTMENTS CARE FOR MORE THAN 104,000 COLLECTION OBJECTS, 7,800 LINEAR FEET OF ARCHIVAL AND MANUSCRIPT COLLECTIONS, AND 500,000 HISTORIC PHOTOGRAPHS. IN ADDITION, A MAJOR OUTDOOR SCULPTURE COLLECTION AND SCULPTURE GARDEN CONTAINS A COLLECTION OF OVER 20 BRONZES AND FERROUS OBJECTS. AS THE ONLY CONSERVATION LABORATORY WITHIN AN INSTITUTION IN WYOMING, THE CONSERVATOR ROUTINELY RESPONDS TO INQUIRIES FROM MUSEUMS AND THE PUBLIC IN WYOMING AND THE INTERIOR WEST. CENTER CURATORS, ARCHIVISTS AND COLLECTIONS MANAGERS ALSO ROUTINELY COUNSEL AND ASSIST SMALLER INSTITUTIONS AND INDIVIDUALS IN WYOMING AND THE ROCKY MOUNTAIN REGION.

4b (Code:) (Expenses \$ 319,974. including grants of \$ 25,000.) (Revenue \$ 88,400.) EDUCATION:

SCHOOL PROGRAMMING SCHOOL PROGRAMS INCLUDED BUFFALO BILL'S BIRTHDAY MUSEUM ADVENTURE IN FEBRUARY, GREATER YELLOWSTONE MUSEUM ADVENTURE IN LATE APRIL, AS WELL AS OTHER FIELD TRIPS THROUGHOUT THE YEAR. APPROXIMATELY 4,775 STUDENTS PARTICIPATED IN THESE ON-SITE SCHOOL PROGRAMS DURING 2013.

THE CENTER'S OUTREACH PROGRAMS ENRICHED APPROXIMATELY 2,000 STUDENTS' CLASSROOM EXPERIENCE AROUND WYOMING AND NEIGHBORING STATES BY PROVIDING "TRAVELING TRUNK" EXHIBITS, LEARNING KITS, AND AUDIO-VISUAL PROGRAMS.

4c (Code:) (Expenses \$ 373,345. including grants of \$ 12,500.) (Revenue \$ 362,788.) RESEARCH AND SCHOLARSHIP:

THE PAPERS OF WILLIAM F. CODY: THE PAPERS OF WILLIAM F. CODY CONTINUED ITS PROGRAM TO COLLECT CODY'S WRITINGS AND INFORMATION THAT HAS BEEN PUBLISHED ABOUT HIM, PHOTOGRAPHS, AND CODY'S BUSINESS RECORDS. MORE THAN 20 SCHOLARS AND GRADUATE STUDENTS ARE INVOLVED WITH THIS PROJECT REPRESENTING 10 COLLEGES AND UNIVERSITIES IN THE UNITED STATES AND ABROAD. THIS INFORMATION IS COLLECTED AND PUBLISHED ONLINE VIA THE CODY ARCHIVE (WWW.CODYARCHIVE.ORG) THROUGH A PARTNERSHIP WITH THE CENTER FOR DIGITAL RESEARCH IN THE HUMANITIES AT UNIVERSITY OF NEBRASKA -- LINCOLN. ADDITIONALLY, THE PAPERS PUBLISHES REPRINTS OF HISTORICAL BOOKS BY AND

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

4e Total program service expenses 9,947,414.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
26			X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>	X	
30		X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35a		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
35b			X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
38		X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O

Main table with columns for question number, description, and Yes/No responses. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	47		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	47		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MEG KATH - (307) 587-4771**
720 SHERIDAN AVENUE, CODY, WY 82414

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARRON G. COLLIER, II CHAIR OF THE BOARD	3.20	X		X				0.	0.	0.
(2) NAOMA J. TATE VICE CHAIR	8.00	X		X				0.	0.	0.
(3) HENRY H.R. COE, JR. VICE CHAIR	2.00	X		X				0.	0.	0.
(4) MARGARET W. SCARLETT VICE CHAIR	1.40	X		X				0.	0.	0.
(5) PAUL V. CALI TREASURER	2.10	X		X				0.	0.	0.
(6) ERNEST J. GOPPERT, JR. SECRETARY (THRU 5/2014)	0.50	X		X				0.	0.	0.
(7) STEVEN R. CRANFILL ASSISTANT SECRETARY (THRU 12/2013)	1.20	X		X				0.	0.	0.
(8) WILLIS MCDONALD, IV GENERAL COUNSEL	8.00	X		X				0.	0.	0.
(9) MARY GOOCH ARMOUR TRUSTEE	1.00	X						0.	0.	0.
(10) GORDON H. BARROWS TRUSTEE	0.20	X						0.	0.	0.
(11) DANIELE D. BODINI TRUSTEE	1.00	X						0.	0.	0.
(12) WILEY T. BUCHANAN, III TRUSTEE (THRU 12/2013)	0.30	X						0.	0.	0.
(13) JOHN R. CALDWELL TRUSTEE	1.00	X						0.	0.	0.
(14) DENIS H. CARROLL TRUSTEE	1.00	X						0.	0.	0.
(15) RICHARD B. CHENEY TRUSTEE	0.40	X						0.	0.	0.
(16) EDWARD P. CONNORS TRUSTEE	1.10	X						0.	0.	0.
(17) MARY ANNE DINGUS TRUSTEE	0.80	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOAN C. DONNER TRUSTEE	1.00	X					0.	0.	0.	
(19) FORREST FENN TRUSTEE (THRU 12/2013)	1.00	X					0.	0.	0.	
(20) MARY FLITNER TRUSTEE	0.80	X					0.	0.	0.	
(21) CHARLES C. FRANCIS TRUSTEE	3.80	X					0.	0.	0.	
(22) WILLIAM C. GARLOW TRUSTEE	1.00	X					0.	0.	0.	
(23) THOMAS P. GRAINGER TRUSTEE	2.00	X					0.	0.	0.	
(24) C. HARRIS HASTON TRUSTEE	5.00	X					0.	0.	0.	
(25) DEBORAH GOPPERT HOFSTEDT TRUSTEE	4.00	X					0.	0.	0.	
(26) RAY L. HUNT TRUSTEE	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							478,161.	0.	71,490.	
d Total (add lines 1b and 1c)							478,161.	0.	71,490.	

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SIEGEL + GALE 625 AVE OF THE AMERICAS, NEW YORK, NY 10011	CONSULTANTS	460,146.
FLEISHMAN HILLIARD 200 N BROADWAY, ST. LOUIS, MO 63102	CONSULTANTS	241,914.
FLYING HORSE COMMUNICATIONS 347 S FERGUSON AVE, BOZEMAN, MT 59718	CREATIVE DEVELOPMENT/ADVERTIS	190,249.
HIRTLE CALLAGHAN & CO., FIVE TOWER BRIDGE, SUITE 500, WEST CONSHOHOCKEN, PA 19428-29	INVESTMENT MANAGEMENT	122,748.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) WALLACE H. JOHNSON TRUSTEE	20.00	X					0.	0.	0.	
(28) DAVID M. LEUSCHEN TRUSTEE	0.40	X					0.	0.	0.	
(29) PATRICK R. MCDONALD TRUSTEE	1.50	X					0.	0.	0.	
(30) HENRY P. MCINTOSH, IV TRUSTEE	1.00	X					0.	0.	0.	
(31) JAMES E. NIELSON TRUSTEE	6.00	X					0.	0.	0.	
(32) NANCY D. PETRY TRUSTEE	1.60	X					0.	0.	0.	
(33) HAROLD C. RAMSER, JR. TRUSTEE	5.40	X					0.	0.	0.	
(34) WILLIAM B. RUGER, JR. TRUSTEE	1.00	X					0.	0.	0.	
(35) WILLIAM N. SHIEBLER TRUSTEE	2.00	X					0.	0.	0.	
(36) ALAN K. SIMPSON TRUSTEE	1.00	X					0.	0.	0.	
(37) COLIN M. SIMPSON TRUSTEE	0.80	X					0.	0.	0.	
(38) H. LEIGHTON STEWARD TRUSTEE	3.20	X					0.	0.	0.	
(39) JOHN C. SULLIVAN TRUSTEE	2.40	X					0.	0.	0.	
(40) MICHAEL J. SULLIVAN TRUSTEE	1.40	X					0.	0.	0.	
(41) JAMES G. TAGGART TRUSTEE	0.80	X					0.	0.	0.	
(42) HAROLD E. WACKMAN TRUSTEE	1.60	X					0.	0.	0.	
(43) RICHARD A. WALJE TRUSTEE	0.60	X					0.	0.	0.	
(44) MARGO GRANT WALSH TRUSTEE	1.00	X					0.	0.	0.	
(45) SAMUEL B. WEBB, JR. TRUSTEE	1.00	X					0.	0.	0.	
(46) RUBY CALVERT TRUSTEE (FROM 6/2013)	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) PETER W. KUYPER TRUSTEE (FROM 9/2013)	1.60	X						0.	0.	0.
(48) CAROL J. MCMURRY TRUSTEE (FROM 9/2013)	0.40	X						0.	0.	0.
(49) RUSTY R. ROKITA TRUSTEE (FROM 9/2013)	11.60	X						0.	0.	0.
(50) BRUCE B. ELDREDGE EXECUTIVE DIRECTOR/CEO	50.00			X				225,982.	0.	32,673.
(51) LYNN P. RODGERS CHIEF FINANCIAL OFFICER	45.00			X				79,417.	0.	9,894.
(52) CHARLES T. ROBERSON DIRECTOR OF DEVELOPMENT	45.00					X		172,762.	0.	28,923.
Total to Part VII, Section A, line 1c								478,161.		71,490.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	342,625.				
	c Fundraising events	1c	287,205.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	415,151.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,467,492.				
	g Noncash contributions included in lines 1a-1f: \$		729,047.				
	h Total. Add lines 1a-1f		5,512,473.				
	Program Service Revenue	2 a ADMISSIONS	Business Code 713990	2,061,169.	2,061,169.		
b PROGRAM FEES		713990	638,553.	638,553.			
c MISCELLANEOUS		713990	2,618.	2,618.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			2,702,340.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,524,000.			1,524,000.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	80,400.				
		(ii) Personal					
		b Less: rental expenses	54,767.				
		c Rental income or (loss)	25,633.				
	d Net rental income or (loss)		25,633.			25,633.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	6,649,385.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	5,135,985.	75,484.			
		c Gain or (loss)	1,513,400.	-75,484.			
	d Net gain or (loss)		1,437,916.			1,437,916.	
	8 a Gross income from fundraising events (not including \$ 287,205. of contributions reported on line 1c). See Part IV, line 18	a	121,898.				
		b Less: direct expenses	279,001.				
c Net income or (loss) from fundraising events			-157,103.			-157,103.	
9 a Gross income from gaming activities. See Part IV, line 19	a	177,098.					
	b Less: direct expenses	47,613.					
	c Net income or (loss) from gaming activities		129,485.			129,485.	
10 a Gross sales of inventory, less returns and allowances	a	1,922,944.					
	b Less: cost of goods sold	743,152.					
	c Net income or (loss) from sales of inventory		1,179,792.	1,052,696.	127,096.		
Miscellaneous Revenue		Business Code					
11 a INSURANCE REIMBURSEMENT	900099	7,130.	7,130.				
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		7,130.				
12 Total revenue. See instructions.		12,361,666.	3,762,166.	127,096.	2,959,931.		

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	25,000.	25,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	12,500.	12,500.		
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	348,902.	162,763.	122,262.	63,877.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,251,085.	3,415,389.	229,257.	606,439.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	92,173.	76,364.	6,063.	9,746.
9 Other employee benefits	759,635.	586,121.	70,398.	103,116.
10 Payroll taxes	432,117.	345,059.	36,571.	50,487.
11 Fees for services (non-employees):				
a Management	267,341.	215,313.	52,028.	
b Legal	247.	86.	161.	
c Accounting	76,052.		76,052.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	248,881.	210,896.	37,985.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	854,375.	808,532.	27,868.	17,975.
12 Advertising and promotion	304,053.	293,585.	8,015.	2,453.
13 Office expenses	1,114,230.	897,560.	160,523.	56,147.
14 Information technology	190,697.	100,101.	68,028.	22,568.
15 Royalties				
16 Occupancy	408,906.	402,469.	4,714.	1,723.
17 Travel	340,290.	176,160.	110,105.	54,025.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	71,861.	66,319.	1,777.	3,765.
20 Interest	40,430.	14,150.	26,280.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,829,258.	1,793,472.	26,207.	9,579.
23 Insurance	214,958.	132,909.	82,049.	
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 O.)				
a ENTERTAINMENT	85,419.	43,167.	3,545.	38,707.
b REPAIR & MAINTENANCE	77,130.	75,839.	1,291.	
c PUBLICATIONS	62,195.	40,787.	90.	21,318.
d UNRELATED BUSINESS INCO	8,464.	8,464.		
e All other expenses	81,677.	44,409.	28,615.	8,653.
25 Total functional expenses. Add lines 1 through 24e	12,197,876.	9,947,414.	1,179,884.	1,070,578.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	2,022,900.	1	1,301,540.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	4,239,997.	3	2,355,910.	
	4 Accounts receivable, net	101,111.	4	259,045.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	595,148.	8	691,643.	
	9 Prepaid expenses and deferred charges	127,202.	9	136,779.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 54,380,018.			
	b Less: accumulated depreciation	10b 22,500,044.			
	11 Investments - publicly traded securities	33,596,379.	10c	31,879,974.	
	12 Investments - other securities. See Part IV, line 11	35,884,800.	11	41,903,154.	
	13 Investments - program-related. See Part IV, line 11	7,161,456.	12	7,873,430.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	85,046,258.	14	85,487,592.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	168,775,251.	15	171,889,067.		
Liabilities	17 Accounts payable and accrued expenses	464,408.	16	451,510.	
	18 Grants payable		17		
	19 Deferred revenue		18		
	20 Tax-exempt bond liabilities		19		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
	23 Secured mortgages and notes payable to unrelated third parties		22		
	24 Unsecured notes and loans payable to unrelated third parties	1,336,600.	23	687,500.	
	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		24		
	26 Total liabilities. Add lines 17 through 25	1,801,008.	25	1,139,010.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	20,086,841.	26	20,671,653.	
	28 Temporarily restricted net assets	114,742,653.	27	116,047,871.	
	29 Permanently restricted net assets	32,144,749.	28	34,030,533.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		29		
	31 Paid-in or capital surplus, or land, building, or equipment fund		30		
	32 Retained earnings, endowment, accumulated income, or other funds		31		
33 Total net assets or fund balances	166,974,243.	32	170,750,057.		
34 Total liabilities and net assets/fund balances	168,775,251.	33	171,889,067.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,361,666.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,197,876.
3	Revenue less expenses. Subtract line 2 from line 1	3	163,790.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	166,974,243.
5	Net unrealized gains (losses) on investments	5	3,514,595.
6	Donated services and use of facilities	6	97,429.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	170,750,057.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number 83-0180403
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4602196.	7113533.	5980141.	12380721.	5512473.	35589064.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4602196.	7113533.	5980141.	12380721.	5512473.	35589064.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5449250.
6 Public support. Subtract line 5 from line 4.						30139814.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	4602196.	7113533.	5980141.	12380721.	5512473.	35589064.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	836,871.	867,624.	917,396.	1041972.	1604400.	5268263.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	10,456.	8,418.	3,292.	53,857.		76,023.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					7,130.	7,130.
11 Total support. Add lines 7 through 10						40940480.
12 Gross receipts from related activities, etc. (see instructions)					12	21,201,260.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	73.62	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	74.79	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

INSURANCE REIMBURSEMENT

2013 AMOUNT: \$ 7,130.

Schedule A **Identification of Excess Contributions** **2013**
Included on Part II, Line 5

** Do Not File **
 *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
T.D. KELSEY	1,204,700.	385,890.
CAROL MCMURRY	1,003,600.	184,790.
CURTIS CUSHMAN	3,500,000.	2,681,190.
COMAR TRUST	3,000,000.	2,181,190.
WYOMING PHILANTHROPIC TRUST INC.	835,000.	16,190.
Total Excess Contributions to Schedule A, Part II, Line 5		5,449,250.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ 245,917.

(ii) Assets included in Form 990, Part X

▶ \$ 85,487,592.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	41,780,336.	38,748,618.	41,151,624.	38,186,989.	32,581,471.
b Contributions	3,537,479.	50,000.	301,094.	601,723.	
c Net investment earnings, gains, and losses	6,387,447.	5,146,390.	-34,780.	4,757,540.	8,140,731.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,969,756.	2,164,672.	2,669,320.	2,394,628.	2,535,213.
f Administrative expenses					
g End of year balance	48,735,506.	41,780,336.	38,748,618.	41,151,624.	38,186,989.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 23.36 %
- b Permanent endowment 66.42 %
- c Temporarily restricted endowment 10.22 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		165,500.		165,500.
b Buildings		38,020,210.	11,999,434.	26,020,776.
c Leasehold improvements		603,454.	516,359.	87,095.
d Equipment		1,923,041.	1,184,502.	738,539.
e Other		13,667,813.	8,799,749.	4,868,064.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 31,879,974.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ART & BRONZES	31,495,347.
(2) ARTIFACTS, PHOTOS, MEMORABILIA	53,992,245.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	85,487,592.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	16,936,552.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a 3,514,595.		
b	Donated services and use of facilities	2b 97,429.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	3,612,024.
3	Subtract line 2e from line 1		3	13,324,528.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 248,882.		
b	Other (Describe in Part XIII.)	4b -1,211,744.		
c	Add lines 4a and 4b		4c	-962,862.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	12,361,666.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	13,160,738.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 1,211,744.		
e	Add lines 2a through 2d		2e	1,211,744.
3	Subtract line 2e from line 1		3	11,948,994.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 248,882.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	248,882.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	12,197,876.

Part XIII Supplemental Information.

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

PART III, LINE 4:

THE CENTER HAS OVER 100,000 OBJECTS; 500,000 HISTORICAL PHOTOGRAPHS; 30,000 BOOKS; AND 2,000 LINEAR FEET OF DOCUMENTS AND RECORDS IN ITS COLLECTIONS. THE CENTER IS NOTED FOR ITS HISTORICAL OBJECTS RELATED TO WILLIAM F. "BUFFALO BILL" CODY, PLAINS INDIAN CULTURE, WESTERN ART, AND FIREARMS. THE CENTER USES THESE COLLECTIONS TO REACH ABOUT 175,000 VISITORS TO OUR FACILITY ANNUALLY THROUGH INTERACTIVE AND INTERPRETIVE PROGRAMS INCLUDING EXHIBITIONS, ADULT AND FAMILY PROGRAMS, SCHOLARLY LECTURES, RESEARCH PROJECTS AND SIMILAR PROGRAMS. THE CENTER REACHES ALMOST 500,000 INDIVIDUAL WEB USERS EACH YEAR WHO ACCESS COLLECTIONS, PROGRAMS AND INFORMATION ABOUT THE AMERICAN WEST THROUGH OUR WEBSITE.

Part XIII Supplemental Information (continued)

PART V, LINE 4:

ENDOWMENTS ARE RESTRICTED FOR THE FOLLOWING PURPOSES:

CURATORIAL CONSERVATION, COLLECTIONS, AND EDUCATIONAL PROGRAMS.

ENDOWMENTS WHICH ARE NOT RESTRICTED AS TO PURPOSE ARE USED TO SUPPORT ALL CENTER ACTIVITIES.

PART X, LINE 2:

THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR INCOME FROM CATERING ACTIVITIES AND THE SALE OF CERTAIN ITEMS BY THE ASSOCIATION'S GIFT SHOP. INCOME TAXES RELATED TO THESE SALES WERE NOT MATERIAL DURING THE YEARS ENDED DECEMBER 31, 2013 OR 2012.

THE ASSOCIATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN. TAX POSITIONS ARE EVALUATED FOR RECOGNITION, DERECOGNITION, AND MEASUREMENT USING CONSISTENT CRITERIA. BASED ON AN ANALYSIS PREPARED BY THE ASSOCIATION, THERE WERE NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2013 OR 2012.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES NETTED WITH REVENUE ON TAX

RETURN: -279,001.

COST OF GOODS SOLD NETTED WITH REVENUE ON TAX RETURN: -743,152.

DIRECT GAMING EXPENSES NETTED WITH REVENUE ON TAX RETURN: -47,613.

RECLASSIFICATION OF NET ASSETS -94,341.

RENTAL EXPENSES NET OF INSURANCE PROCEEDS -47,637.

Part XIII Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 4B -1,211,744.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES NETTED WITH REVENUE ON TAX

RETURN: 279,001.

RECLASSIFICATION OF NET ASSETS: 94,341.

COST OF GOODS SOLD NETTED WITH REVENUE ON TAX RETURN: 743,152.

DIRECT GAMING EXPENSES NETTED WITH REVENUE ON TAX RETURN: 47,613.

RENTAL EXPENSES NET OF INSURANCE PROCEEDS 47,637.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,211,744.

Multiple horizontal lines for additional entries.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number 83-0180403
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		6,941,732.
3 a Sub-total	0	0			6,941,732.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			6,941,732.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated 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)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 No

- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," 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)* Yes No

- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," 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)* 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? *If "Yes," 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)* 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 No

- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PATRONS BALL (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	409,103.			409,103.
	2 Less: Contributions	287,205.			287,205.
	3 Gross income (line 1 minus line 2)	121,898.			121,898.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	76,725.			76,725.
	6 Rent/facility costs				
	7 Food and beverages	105,485.			105,485.
	8 Entertainment	24,696.			24,696.
	9 Other direct expenses	72,095.			72,095.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				279,001.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-157,103.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			177,098.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			35,700.	35,700.
	4 Rent/facility costs				
	5 Other direct expenses			11,913.	11,913.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				47,613.	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				129,485.	

9 Enter the state(s) in which the organization operates gaming activities: WY
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: NOT REQUIRED BY STATE LAW.

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

- 11** Does the organization operate gaming activities with nonmembers? **Yes** **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? **Yes** **No**
- 13** Indicate the percentage of gaming activity operated in:

13a	100.00	%
13b		%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ MEG KATH

Address ▶ 720 SHERIDAN AVENUE - CODY, WY 82414

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? **Yes** **No**
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ .
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ MEG KATH

Gaming manager compensation ▶ \$ 0.

Description of services provided ▶ OVERALL MANAGEMENT OF THE RAFFLE.

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **Yes** **No**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990**

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

Part I **General Information on Grants and Assistance**

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

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY 195 PROSPECT ST NEW HAVEN , CT 06511	06-0646973		25,000.	0.			RESEARCH-CAMP MONACO PRIZE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **1.**

3 Enter total number of other organizations listed in the line 1 table ▶ **1.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2013)

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/FELLOWSHIPS FOR RESEARCH	3	12,500.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

CAMP MONACO PRIZE:

REPRESENTATIVES OF THE SPONSORING ORGANIZATIONS (CENTER, UNIVERSITY OF WYOMING'S BIODIVERSITY INSTITUTE AND THE PRINCE ALBERT II OF MONACO FOUNDATION-USA) WILL REVIEW PROGRESS REPORTS AND FINAL REPORT TO MONITOR USE OF GRANT FUNDS. ANTICIPATED USE OF FUNDS WAS DETAILED IN APPROVED PROPOSAL, BUT VARIANCES IN USE MAY BE APPROVED WITH FORMAL REQUEST.

FELLOWSHIPS:

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2013

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRUCE B. ELDREDGE EXECUTIVE DIRECTOR/CEO	(i)	205,348.	20,000.	634.	9,202.	24,530.	259,714.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHARLES T. ROBERSON DIRECTOR OF DEVELOPMENT	(i)	167,312.	0.	5,450.	10,000.	19,824.	202,586.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

THE CENTER HAS AN AGREEMENT WITH THE DIRECTOR OF DEVELOPMENT FOR DEFERRED INCOME THAT IS GOVERNED BY CODE SECTION 457(F). THE AGREEMENT STATES THE CENTER WILL ALLOCATE \$10,000 PER YEAR AS DEFERRED INCOME TO BE ACCUMULATED AND PAYABLE UPON COMPLETION OF HIS FIFTH FULL YEAR OF EMPLOYMENT WITH THE CENTER (SEPTEMBER 30, 2017). THIS INCOME SHALL BE FORFEITED IF HE LEAVES THE CENTER FOR ANY REASON PRIOR TO THE COMPLETION OF HIS FIFTH FULL YEAR OF EMPLOYMENT. IN THE CASE OF HIS DEATH OR PERMANENT DISABILITY, THE DEFERRED INCOME SHALL BE PAID ON A PRO-RATED BASIS.

PART I, LINE 7:

DURING 2013 THE BOARD OF TRUSTEES AUTHORIZED A ONE-TIME DISCRETIONARY BONUS OF \$20,000 FOR THE EXECUTIVE DIRECTOR/CEO. THIS BONUS IS ALSO DISCLOSED ON PART II, LINE 1, COLUMN (B)(I).

PART I, LINE 1A:

THE EXECUTIVE DIRECTOR/CEO RECEIVED TRAVEL FOR COMPANIONS DURING 2013 AND THE AMOUNT WAS TREATED AS TAXABLE COMPENSATION. THE CHIEF FINANCIAL OFFICER AND DIRECTOR OF DEVELOPMENT RECEIVED TEMPORARY

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

HOUSING ALLOWANCES DURING 2013 AND THE AMOUNTS WERE TREATED AS TAXABLE

COMPENSATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	10	61,300.	OPINION OF EXPERT
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		33,447.	OPINION OF EXPERT
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	26,213.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	59	151,120.	OPINION OF EXPERT
23 Scientific specimens	X	1	50.	OPINION OF EXPERT
24 Archeological artifacts				
25 Other ▶ (<u>SUPPLIES</u>)	X	46	369,069.	ACTUAL COST
26 Other ▶ (<u>FUNDRAISING S</u>)	X	40	87,848.	ACTUAL COST
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **1**

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

FORM 990, PART I, DOING BUSINESS AS:

BUFFALO BILL CENTER OF THE WEST

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

THE CENTER PRODUCED "GO WEST! ART OF THE AMERICAN FRONTIER FROM THE
BUFFALO BILL CENTER OF THE WEST", WHICH WAS INSTALLED AT THE HIGH
MUSEUM OF ART IN ATLANTA, GEORGIA; IT ALSO CONTRIBUTED ESSAYS TO THE
EXHIBITION'S CATALOGUE. A COMPANION TRAVELING EXHIBITION, "TODAY'S
WEST! CONTEMPORARY ART FROM THE BUFFALO BILL CENTER OF THE WEST", WAS
DISPLAYED AT THE BOOTH WESTERN ART MUSEUM IN CARTERSVILLE, GEORGIA.
BOTH EXHIBITIONS OPENED TO CRITICAL ACCLAIM IN NOVEMBER, 2013.
COLLECTION ITEMS VALUED AT APPROXIMATELY \$200 MILLION WERE DISPLAYED
AND INCLUDED ART FROM THE CENTER'S WHITNEY WESTERN ART MUSEUM AND
OBJECTS FROM THE CENTER'S PLAINS INDIANS, CODY FIREARMS AND BUFFALO
BILL MUSEUMS.

IN ADDITION TO THE 2013 TRAVELING EXHIBITIONS, THE WHITNEY WESTERN ART
MUSEUM STAFF BEGAN RESEARCH ON AND PLANS FOR A JOHN MIX STANLEY
EXHIBITION AND PLANS FOR TRAVELING THE GO WEST! EXHIBIT. THERE HAS NOT
BEEN A MAJOR EXHIBITION OF STANLEY'S PAINTINGS SINCE 1852. MORE THAN
200 OF HIS WORKS WERE DESTROYED IN A FIRE AT THE SMITHSONIAN
INSTITUTION IN 1865 WHICH LIKELY CONTRIBUTED TO A LACK OF KNOWLEDGE
ABOUT HIM IN LATER AMERICAN ART HISTORY.

THE CENTER'S PLAINS INDIAN MUSEUM COMPLETED AND OPENED ITS PAUL DYCK

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

PLAINS INDIAN BUFFALO CULTURE COLLECTION GALLERY IN JUNE 2013. THE 2000-PIECE COLLECTION, MORE THAN 80 OF WHICH ARE ON DISPLAY IN THE GALLERY, INCLUDES CLOTHING, EAGLE FEATHER BONNETS, BEAR CLAW NECKLACES, BUFFALO HIDE TIPIS AND TIPI FURNISHINGS, SHIELDS, CRADLES, PEACE MEDALS, MOCCASINS, AND MUCH MORE. IT DATES FROM THE LATE 1700S TO PRE-1890S, A PERIOD IDENTIFIED BY PAUL DYCK, AN ARTIST WHO DEVOTED HIS LIFE TO THE STUDY OF CULTURES AND HISTORIES OF PLAINS INDIAN PEOPLE, AS THE "BUFFALO CULTURE" ERA. STAFF MEMBERS ARE PLANNING FOR A TRAVELING EXHIBITION AS WELL.

THE CENTER'S CODY FIREARMS MUSEUM OPENED ITS EXHIBIT OF SIXTY-FOUR HISTORIC FIREARMS, FOUR OF WHICH ARE CONSIDERED TO BE "NATIONAL TREASURES", FROM THE NATIONAL MUSEUM OF AMERICAN HISTORY'S FIREARMS COLLECTION AT THE SMITHSONIAN INSTITUTION. THIS IS THE LARGEST FIREARMS LOAN IN THE SMITHSONIAN'S HISTORY. THE CODY FIREARMS MUSEUM ALSO COMPLETED INSTALLATION OF A MAJOR FIREARMS DISPLAY IN ITS STUDY GALLERY THAT ENABLES MORE THAN FIVE HUNDRED GUNS TO BE EXHIBITED IN AN AREA THAT WOULD NORMALLY ACCOMMODATE JUST MORE THAN ONE HUNDRED BECAUSE OF A NEWLY-DEVELOPED DISPLAY SYSTEM THAT ENABLES THE FIREARMS TO BE SEEN FROM ALL SIDES AND AT A MUCH CLOSER DISTANCE THAN HAS BEEN PREVIOUSLY POSSIBLE.

THE CENTER'S MCCRACKEN RESEARCH LIBRARY ACQUIRED THE ENGINEERING RECORDS OF THE WINCHESTER ARMS COMPANY AND HAS RECEIVED FUNDING TO ALLOW THE RECORDS TO BE DIGITIZED AND MADE AVAILABLE FOR ONLINE RESEARCH.

THE CENTER'S DRAPER NATURAL HISTORY MUSEUM RECEIVED A TRANSFER OF 100

Name of the organization BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number 83-0180403
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GRAY WOLF (CANIS LUPUS) HEADS FROM THE U.S. FISH AND WILDLIFE SERVICE FROM THE GREATER YELLOWSTONE ECOSYSTEM OUTSIDE OF NATIONAL PARKS TO BE PREPARED AS SKELETAL MATERIAL AND USED FOR SCIENTIFIC RESEARCH, REFERENCE MATERIAL, AND EDUCATIONAL PROGRAMMING.

THE EXHIBITION, SCOTS IN THE AMERICAN WEST, DOCUMENTED THE INDIVIDUAL ACCOMPLISHMENTS OF A FEW SCOTS IN THE AMERICAN WEST. THEIR STORIES REFLECT THE COLLECTIVE CONTRIBUTIONS OF THE SCOTTISH IMPACT ON THE EXTENSIVE AND DYNAMIC HISTORY OF THE AMERICAN WEST. THE EXHIBITION IS SCHEDULED TO TRAVEL TO OTHER VENUES IN 2014.

THE CENTER IS ACCREDITED BY THE AMERICAN ALLIANCE OF MUSEUMS WHICH MEANS THAT THE CENTER IS IN THE TOP 800 MUSEUMS OUT OF OVER 18,000 NATIONALLY.

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

THE MILES PROGRAM CONTINUES TO PROVIDE TRAVEL AND LODGING ASSISTANCE TO STUDENTS THROUGHOUT THE ROCKY MOUNTAIN WEST. MORE THAN 500 STUDENTS WERE ABLE TO VISIT THE CENTER THROUGH THIS PROGRAM IN 2013. STUDENTS PARTICIPATED IN A TWO-DAY EDUCATIONAL EXPERIENCE THAT INCLUDED GUIDED TOURS AND SELF-GUIDED EXPERIENCES WITH THE USE OF TAILORED ACTIVITY MAPS.

SKYPE IN THE CLASSROOM

THE INTERPRETIVE EDUCATION DEPARTMENT LAUNCHED A PARTNERSHIP WITH SKYPE IN THE CLASSROOM ([HTTPS://EDUCATION.SKYPE.COM/](https://education.skype.com/)) TO OFFER INTERACTIVE VIRTUAL LESSONS TO CLASSROOMS THROUGHOUT THE WORLD. FROM MAY THROUGH DECEMBER, 2013, EDUCATORS REACHED OVER 1,600 STUDENTS IN THE

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CONTINENTAL UNITED STATES, HAWAII, CANADA, CHINA, AND FRANCE. TEACHERS
COULD CHOOSE FROM TWO LESSONS: STORIES AND CULTURES OF PLAINS INDIANS
AND BUFFALO OR TRAPPERS, TRADERS, TRAILBLAZERS: MOUNTAIN MEN OF THE
ROCKY MOUNTAIN WEST. THE INTERPRETIVE EDUCATION DEPARTMENT DEVELOPED
ADDITIONAL PROGRAMMING FOR 2014.

FAMILY FUN DAYS

THE CENTER SPONSORED NINE "FAMILY FUN DAYS" IN 2013 WITH 1,400 PEOPLE
IN ATTENDANCE.

JANUARY: PICTURE THIS

FEBRUARY: BUFFALO BILL'S BIRTHDAY

MARCH: WHERE'S STANLEY?

APRIL: CELEBRATING EARTH

MAY: SPRING INTO YELLOWSTONE

JUNE: COLORFUL CHARACTERS OF THE WEST

JULY: NATIONAL DAY OF THE COWBOY

OCTOBER: HOOTIN' HOWLIN' HALLOWEEN

NOVEMBER: TASTY TRADITIONS

THESE FAMILY PROGRAMS STRIVE TO CONNECT OUR COMMUNITY MEMBERS TO OUR
MUSEUM, AND HELP FAMILIES HAVE FUN INTERACTING WITH EACH OTHER AND OUR
EXHIBITS. PARTICIPANTS ROTATED THROUGH HANDS-ON ACTIVITY STATIONS WHERE
THEY CREATED ART PROJECTS, PLAYED GAMES, INTERACTED WITH PLEASE TOUCH
OBJECTS, AND SOLVED CLUES TO DISCOVER NEW MEANINGS HIDDEN IN THE
CENTER'S COLLECTION.

SUMMER CHILDREN AND FAMILY PROGRAMMING

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CHUCKWAGON COOKING DEMONSTRATIONS FEATURED KNOWLEDGEABLE COOKS WHO MADE THE HISTORY OF THE CATTLE DRIVE COME TO LIFE. IN ADDITION TO TALKING ABOUT COOKING ON A CATTLE DRIVE, THE CHUCKWAGON COOKS COOKED DUTCH OVEN BISCUITS AND BEANS OVER A CAMPFIRE AND SERVED THEM TO MORE THAN 10,000 VISITORS DURING THE SUMMER.

JOHN HULL WAS OUR ARTIST-IN-RESIDENCE IN THE MONTH OF AUGUST. HE DEMONSTRATED AND TALKED WITH VISITORS IN THE WHITNEY WESTERN ART MUSEUM.

GARDEN PROGRAMS DURING SUMMER MONTHS INCLUDED FUN AND GAMES IN THE WEST, ART IN THE GARDEN, AND EDUCATOR'S CHOICE, WHICH INVOLVED A CRAFT, AN ACTIVITY, OR A LESSON. MORE THAN 1,000 VISITORS PARTICIPATED.

SPOTLIGHT PROGRAMS

DOCENTS AND STAFF PRESENTED 180 TWENTY-MINUTE SPOTLIGHT PROGRAMS FEATURING A VARIETY OF MUSEUM TOPICS TO MORE THAN 3,000 VISITORS. THE ESSENTIAL CHUCKWAGON, THE STORY OF "THE SCOUT", REALITIES OF RATTLESNAKES, AND THE TRUTH ABOUT COWBOYS WERE SOME OF THE TOPICS COVERED. BEAR AWARE PROGRAMS, IN PARTNERSHIP WITH THE U.S. FOREST SERVICE, DISCUSSED BEAR SAFETY AND GOOD HABITS TO PRACTICE IN BEAR COUNTRY.

GREATER YELLOWSTONE RAPTOR EXPERIENCE

THE DRAPER NATURAL HISTORY MUSEUM'S LIVE RAPTOR PROGRAM OFFERS PRESENTATIONS DAILY AT THE CENTER AS WELL AS OUTREACH PROGRAMS TO SCHOOLS IN THE AREA. STAFF AND VOLUNTEERS PRESENTED DAILY PROGRAMS ENTITLED "HUNTERS ON THE WING" FROM MAY THROUGH SEPTEMBER. THEY ALSO

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HAD THE BIRDS OUT DAILY FOR THE ENTIRE YEAR SO VISITORS COULD ASK QUESTIONS OF OUR RAPTOR HANDLERS.

TOUR GUIDE PROGRAM

EDUCATION STAFF DELIVERED MORE THAN 315 GUIDED TOURS OF THE CENTER FROM JUNE THROUGH SEPTEMBER. TOUR TITLES WERE WILDLIFE IN THE WEST, PEOPLE IN THE WEST, AND VIEWS OF YELLOWSTONE. VISITORS WERE GUIDED THROUGH MULTIPLE GALLERIES ON THESE TOURS, INTEGRATING THE VARIED DISCIPLINES REPRESENTED AT THE CENTER.

DISCOVERY FIELD TRIPS

THE CENTER RESTARTED DISCOVERY FIELD TRIPS FOR MIDDLE SCHOOL STUDENTS. IN JULY PARTICIPANTS MONITORED THE WATER QUALITY OF THE SHOSHONE RIVER AND PARTOOK IN A RIVER RAFTING EXPERIENCE. IN AUGUST, STUDENTS CONNECTED WITH THE NATURAL WORLD THROUGH ART IN A PROGRAM ENTITLED "ART AND NATURE."

COMMUNITY FESTIVALS

IN 2013, THE CENTER PARTNERED WITH MANY COMMUNITY GROUPS AND STATE AND FEDERAL WILDLIFE AGENCIES TO KICK-OFF TWO MAJOR COMMUNITY EVENTS. SPRING INTO YELLOWSTONE, A BIRDING AND WILDLIFE FESTIVAL, WAS LAUNCHED IN MAY AND IN AUGUST THE CODY WILD WEST RIVERFEST DREW ATTENTION TO THE ECOLOGICAL AND RECREATIONAL BENEFITS OF THE SHOSHONE RIVER.

PLAINS INDIAN MUSEUM POWWOW

AT OUR 32ND ANNUAL PLAINS INDIAN MUSEUM POWWOW, DANCERS, DRUM GROUPS, AND ARTISTS FROM NORTHERN PLAINS TRIBES GATHERED TO CELEBRATE THEIR VIBRANT CULTURAL TRADITIONS AND HISTORIES. NEARLY 3,000 PEOPLE ATTENDED

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THIS TWO DAY EVENT IN JUNE.

ADULT OFFERINGS

PROGRAMS 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 OF THESE PROGRAMS WHILE OTHERS ARE FREE TO ALL. EXAMPLES INCLUDE: PAINTING WITH THE MASTERS (STUDIO ART CLASS), DOCENT TRAINING CODY CULTURE CLUB, BUFFALO GALS LUNCHEON, AND BEHIND THE SCENES TOURS OF THE CENTER. THESE PROGRAMS REACHED APPROXIMATELY 480 PEOPLE FROM THE COMMUNITY IN THE GREATER CODY AREA.

COE AUDITORIUM PROGRAMS

SPECIAL PRESENTERS AND OUR OWN CURATORS DO PROGRAMS IN THE COE AUDITORIUM THROUGHOUT THE YEAR FOR OUR VISITORS. THEY ATTRACT BOTH OUR GENERAL VISITORS AND OUR LOCAL COMMUNITY MEMBERS TO SIT AND RELAX FOR APPROXIMATELY 45 MINUTES OF INTERPRETATION AND ENTERTAINMENT. THE PROGRAMS ARE PRIMARILY DESIGNED FOR ADULT AUDIENCES. PROGRAMS INCLUDE: DRAPER NATURAL HISTORY MUSEUM LUNCHTIME EXPEDITIONS LECTURE SERIES, FELLOWSHIP SCHOLARS PRESENTATIONS, AND PROGRAMS BY OUR CURATORIAL STAFF. IN 2013, THE CENTER OFFERED 17 LECTURE PROGRAMS WITH APPROXIMATELY 1700 PEOPLE IN ATTENDANCE.

PHOTOGRAPHY GALLERY PROGRAMS

DURING 2013, THE CENTER'S JOHN BUNKER SANDS PHOTOGRAPHY GALLERY FEATURED THREE EXHIBITIONS: NATIONAL GEOGRAPHIC GREATEST PHOTOGRAPHS OF THE AMERICAN WEST, A COLLECTION OF ICONIC WESTERN IMAGES GATHERED BY NATIONAL GEOGRAPHIC OVER A SPAN OF SOME 125 YEARS; CONTEMPORARY ART IN

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ADVANCE OF THE BUFFALO BILL ART SHOW AND SALE; AND PRONGHORN PASSAGE, FOCUSING ON THE SECOND LONGEST RECORDED OVERLAND MAMMAL MIGRATION IN THE WESTERN HEMISPHERE.

INTERN PROGRAMS

THE BUFFALO BILL CENTER OF THE WEST OFFERS PAID AND UNPAID INTERNSHIPS TO STUDENTS IN MANY MUSEUM-RELATED DISCIPLINES. IN 2013, THE CENTER HAD 10 INTERNS FROM 7 STATES IN THE FOLLOWING DEPARTMENTS: LIBRARY-PHOTO ARCHIVIST, EDUCATION, FIREARMS RECORDS, ACCOUNTING AND VISITOR SERVICES, NATURAL HISTORY, PUBLIC HISTORY, AND PUBLIC RELATIONS. IN ADDITION, THE CONSERVATION DEPARTMENT'S SEPARATELY-FUNDED INTERNSHIP PROGRAM TRAINS STUDENTS OF ALL LEVELS, FROM GRADUATES OF THE CONSERVATION MASTER'S PROGRAMS TO HIGH SCHOOL STUDENTS. THE INTERNS ALL FUNCTION AS PART OF THE CONSERVATION DEPARTMENT, ACCOMPLISHING TASKS SUCH AS EXAMINATION OF OBJECTS AND CONDITION REPORTING, DEVELOPING TREATMENT STRATEGY, AND CARRYING OUT THEIR OWN TREATMENTS AND DOCUMENTATION. OVER 60 INTERNS (11 IN 2013) FROM ALL OVER THE UNITED STATES AND FRANCE, THE UK, FINLAND, EGYPT, AND SPAIN HAVE BEEN TRAINED IN THE CONSERVATION INTERN PROGRAM AT THE CENTER SINCE THE PROGRAM STARTED IN 2008.

YELLOWSTONE NATIONAL PARK PROGRAMS

FROM JUNE THROUGH AUGUST, THE CENTER PRESENTS TWO PROGRAMS PER WEEK IN YELLOWSTONE NATIONAL PARK AT LAKE LODGE. TOPICS ARE WIDE-RANGING AND INCLUDE ART, AMERICAN HISTORY AND NATURAL HISTORY. TOTAL PARTICIPATION DURING THE SUMMER IS APPROXIMATELY 1,100 PEOPLE.

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

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ABOUT WILLIAM F. CODY THROUGH THE UNIVERSITY OF NEBRASKA PRESS.

STAFF RESEARCH AND SCHOLARSHIP:

THE CENTER EMPLOYS OVER 20 STAFF MEMBERS WITH ADVANCED DEGREES, TWO OF WHOM HOLD PHD'S. DURING 2013, 20 PROFESSIONAL STAFF MEMBERS REGULARLY CONDUCTED HISTORICAL, SCIENTIFIC AND CULTURAL RESEARCH. RESEARCH FINDINGS ARE PRESENTED IN SCHOLARLY PUBLICATIONS AND AT PROFESSIONAL CONFERENCES, AS WELL AS THROUGH A RANGE OF PROGRAMS AIMED AT GENERAL AUDIENCES. IN ADDITION, THE CENTER AWARDS GRANTS TO SUPPORT RESEARCH; IN 2013, IT AWARDED RESEARCH GRANTS TO 4 STAFF MEMBERS AND FELLOWSHIPS TO 7 EXTERNAL RESEARCHERS.

SCIENTIFIC RESEARCH:

ONGOING SCIENTIFIC RESEARCH IS CONDUCTED ON GOLDEN EAGLES AND SAGEBRUSH-STEPPE ECOLOGY IN THE BIGHORN BASIN AT THE EASTERN MARGIN OF THE GREATER YELLOWSTONE ECOSYSTEM. THIS LONG-TERM PROJECT, UNDER THE DIRECTION OF DR. CHARLES PRESTON, INVOLVES VOLUNTEERS, INTERNS, STUDENTS, AND STAFF TO MONITOR GOLDEN EAGLE NEST OCCUPATION AND PRODUCTIVITY AND EXAMINE PREDATOR-PREY DYNAMICS IN RELATION TO VARIATIONS IN WEATHER, LANDSCAPE COMPOSITION, AND LAND USE IN THE MULTIPLE USE LANDSCAPE OF THE BIGHORN BASIN, IN NORTHWESTERN WYOMING.

THE CENTER'S DRAPER NATURAL HISTORY MUSEUM, IN PARTNERSHIP WITH THE UNIVERSITY OF WYOMING'S BIODIVERSITY INSTITUTE AND THE PRINCE ALBERT II OF MONACO FOUNDATION-USA, SPONSORED THE CAMP MONACO PRIZE. THE PRIZE WAS A \$100,000 GRANT TO STIMULATE INNOVATIVE, TRANS-BOUNDARY SCIENTIFIC EXPLORATION AND PUBLIC EDUCATION THAT WILL EXPAND THE KNOWLEDGE AND UNDERSTANDING OF BIOLOGICAL DIVERSITY IN THE GREATER YELLOWSTONE

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ECOSYSTEM AND FOSTER CONCRETE ACTIONS TO SAFEGUARD BIODIVERSITY IN CONJUNCTION WITH THE CONTINUED SOCIAL AND ECONOMIC DEVELOPMENT. AN INTERNATIONAL JURY REVIEWED THE PROPOSALS AND SELECTED THE WINNING PROPOSAL. THE JURY INCLUDED A HIGHLY DISTINGUISHED ASSEMBLY OF SCIENTISTS AND CONSERVATION PROFESSIONALS, INCLUDING THE DRAPER MUSEUM'S SENIOR CURATOR AND THE BIODIVERSITY INSTITUTE'S EXECUTIVE DIRECTOR.

THE CENTER'S DRAPER NATURAL HISTORY MUSEUM RECEIVED A TRANSFER OF 100 GRAY WOLF (CANIS LUPUS) HEADS FROM THE U.S. FISH AND WILDLIFE SERVICE FROM THE GREATER YELLOWSTONE ECOSYSTEM OUTSIDE OF NATIONAL PARKS TO BE PREPARED AS SKELETAL MATERIAL AND USED FOR SCIENTIFIC RESEARCH, REFERENCE MATERIAL, AND EDUCATIONAL PROGRAMMING.

MCCRACKEN RESEARCH LIBRARY:

THE MCCRACKEN RESEARCH LIBRARY IS THE RESEARCH ARM OF THE CENTER, ATTRACTING SCHOLARS, AUTHORS, FILMMAKERS, AND COLLECTORS WHO SEEK DIRECT CONTACT WITH THE MATERIALS OF HISTORY. DURING 2013, THE LIBRARY SERVED 88 RESEARCHERS AND RESPONDED TO 1,558 REFERENCE QUESTIONS. THE CENTER CONTINUES DIGITIZATION OF ITS COLLECTIONS - OVER 4,000 ITEMS DIGITIZED IN 2013 FOR A TOTAL OF MORE THAN 25,000 HISTORIC IMAGES AND DOCUMENTS AVAILABLE FOR ELECTRONIC RESEARCH. THE LIBRARY ALSO TAUGHT CLASSES TO 50 HIGH SCHOOL STUDENTS IN THIS REMOTE RURAL REGION TO TEACH THEM HOW TO RESEARCH, ANALYZE AND THEN USE PRIMARY SOURCES.

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

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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.

FORM 990, PART VI, SECTION A, LINE 2:

FAMILY RELATIONSHIPS: ERNEST J. GOPPERT, JR. AND DEBORAH GOPPERT HOFSTEDT; JOHN R. CALDWELL AND JOAN C. DONNER; ALAN K. SIMPSON AND COLIN M. SIMPSON.

BUSINESS RELATIONSHIPS: ALAN K. SIMPSON AND COLIN M. SIMPSON.

FORM 990, PART VI, SECTION B, LINE 11:

THE CHAIR OF THE FINANCE, INVESTMENT AND PERSONNEL COMMITTEE, EXECUTIVE DIRECTOR, CHIEF FINANCIAL OFFICER, AND ACCOUNTING MANAGER REVIEW THE RETURN PRIOR TO FILING. AN ELECTRONIC COPY OF THE FORM 990 IS PROVIDED TO THE TRUSTEES PRIOR TO FILING.

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, STANDING COMMITTEE CHAIRS AND ADVISORY BOARD CHAIRS ASK FOR DECLARATION OF CONFLICT IN EVERY MEETING. SUCH DECLARATIONS ARE RECORDED IN THE MINUTES OF THE MEETING AND THE CHAIR OF THE MEETING MUST TAKE ACTION TO ELIMINATE THE REAL OR PERCEIVED CONFLICT. ACTION MAY INCLUDE THE INDIVIDUAL VOLUNTARILY RECUSING HIM/HERSELF FROM THE DISCUSSION AND DECISION MAKING RELATED TO THE CONFLICT OR ACTION BY THE CHAIR (IF WARRANTED) TO FORCE THE INDIVIDUAL TO REMOVE

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HIM/HERSELF FROM THE DISCUSSION AND DECISION MAKING.

IN ADDITION, SOME EMPLOYEES ARE ALSO REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS DESIGNATES A COMMITTEE TO PROVIDE THE EXECUTIVE DIRECTOR WITH A CONFIDENTIAL PERFORMANCE AND COMPENSATION EVALUATION. THE DIRECTOR OF HUMAN RESOURCES RESEARCHES FORMS 990S FOR MEMBERS OF MUSEUMS WEST AND MUSEUMS THAT ARE SIMILAR IN SIZE AND BUDGET AND PROVIDES THE INFORMATION TO THE COMMITTEE. IN ADDITION, THE COMMITTEE IS PROVIDED WITH COMPENSATION INFORMATION FROM SALARY SURVEYS PERFORMED BY THE AMERICAN ALLIANCE OF MUSEUMS AND THE AMERICAN ASSOCIATION OF ART DIRECTORS. THE COMMITTEE EVALUATES THE EXECUTIVE DIRECTOR'S PERFORMANCE AND ADJUSTS COMPENSATION IN LINE WITH THE INDUSTRY STANDARDS. IN RECENT YEARS, THE CENTER'S BUDGET HAS NOT ALLOWED FOR INCREASES THE BOARD WOULD LIKE TO GRANT.

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, 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 AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC AS REQUIRED BY THE STATE OF WYOMING. FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON REQUEST AND ON THE ORGANIZATION'S WEBSITE:

Name of the organization
BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number
83-0180403

HTTP://CENTEROFTHEWEST.ORG/GET-INVOLVED/ANNUAL-REPORTS/.

Multiple horizontal lines for additional information.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BUFFALO BILL ASSET ASSURANCE CORPORATION - 37-1621169, 720 SHERIDAN AVENUE, CODY, WY 82414	TO SUPPORT THE BUFFALO BILL MEMORIAL ASSOCIATION	WYOMING	501(C)(3)	LINE 11A, I	BUFFALO BILL MEMORIAL ASSOCIATION	X	

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

Schedule R (Form 990) 2013

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Form **990-W**

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)
Department of the Treasury
Internal Revenue Service

(and on Investment Income for Private Foundations) **FORM 990-T**
(Keep for your records. Do not send to the Internal Revenue Service.)

2014

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax (see instructions)	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits (see instructions)	5	
6	Subtract line 5 from line 4	6	
7	Other taxes (see instructions)	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels (see instructions)	9	
10a	Subtract line 9 from line 8. Note. If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2013 return (see instructions). Caution. If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	
c	2014 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	8,880.

		(a)	(b)	(c)	(d)
11	Installment due dates (see instructions)	11			
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12			
13	2013 Overpayment (see instructions)	13			
14	Payment due (Subtract line 13 from line 12)	14			

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2014)

ESTIMATED TAX	8,880.
OVERPAYMENT APPLIED	8,880.
AMOUNT DUE	0.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

December 31, 2013

Prepared for	Buffalo Bill Memorial Association 720 Sheridan Avenue Cody, WY 82414
Prepared by	Eide Bailly LLP 401 N 31st St Ste 1120, PO Bx 7112 Billings, MT 59103-7112
Amount due or refund	Overpayment of \$8,880 with \$2,000 applied to the estimated tax payments and the balance of \$6,880 refunded.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	November 17, 2014
Special Instructions	The return should be signed and dated.

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

2013

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

For calendar year 2013 or other tax year beginning _____, and ending _____

▶ **Information about Form 990-T and its instructions is available at www.irs.gov/form990t.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BUFFALO BILL MEMORIAL ASSOCIATION Number, street, and room or suite no. If a P.O. box, see instructions. 720 SHERIDAN AVENUE City or town, state or province, country, and ZIP or foreign postal code CODY, WY 82414	D Employer identification number (Employees' trust, see instructions.) 83-0180403 E Unrelated business activity codes (See instructions.) 453220 722320
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C Book value of all assets at end of year 171889067.	F Group exemption number (See instructions.)	G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
---	---	--

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

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

J The books are in care of ▶ **MEG KATH** Telephone number ▶ **(307) 587-4771**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales 184,096.			
b Less returns and allowances c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		127,096.
4 a Capital gain net income (attach Form 8949 and Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13		127,096.

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

14 Compensation of officers, directors, and trustees (Schedule K)		14
15 Salaries and wages		15 86,703.
16 Repairs and maintenance		16 552.
17 Bad debts		17
18 Interest (attach schedule)		18
19 Taxes and licenses		19 9,183.
20 Charitable contributions (See instructions for limitation rules.)		20
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion		23
24 Contributions to deferred compensation plans		24
25 Employee benefit programs		25 8,964.
26 Excess exempt expenses (Schedule I)		26
27 Excess readership costs (Schedule J)		27
28 Other deductions (attach schedule) SEE STATEMENT 2		28 30,567.
29 Total deductions. Add lines 14 through 28		29 135,969.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30 -8,873.
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 -8,873.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)		33 1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34 -8,873.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	0.
44a Payments: A 2012 overpayment credited to 2013	44a	
b 2013 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	8,880.
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g	
45 Total payments. Add lines 44a through 44g	45	8,880.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	8,880.
49 Enter the amount of line 48 you want: Credited to 2014 estimated tax 2,000. Refunded	49	6,880.

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

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

1 Inventory at beginning of year	1	7,275.	6 Inventory at end of year	6	8,455.
2 Purchases	2	58,180.	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	57,000.
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (att. schedule)	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5	65,455.			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Paid Preparer Use Only
 Print/Type preparer's name: **JEREMY G. HAUK**
 Preparer's signature: _____ Date: **09/24/14**
 Check if self-employed PTIN: **P00626792**
 Firm's name: **EIDE BAILLY LLP** Firm's EIN: **45-0250958**
 Firm's address: **401 N 31ST ST STE 1120, PO BX 7112**
BILLINGS, MT 59103-7112 Phone no. **406-896-2400**

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

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

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number (EIN) or 83-0180403
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 720 SHERIDAN AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CODY, WY 82435	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MEG KATH

• The books are in the care of ▶ **720 SHERIDAN AVENUE - CODY, WY 82435**
Telephone No. ▶ **(307) 578-4044** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2013** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

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

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

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals		0.	0.
Total dividends-received deductions included in column 8		0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			0.	0.	

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

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

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

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

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

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

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

OPERATION OF A GIFT, NOVELTY, AND SOUVENIR SHOP, AND CATERING SERVICES

TO FORM 990-T, PAGE 1

FORM 990-T OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
SUPPLIES	11,846.
TRAVEL AND ENTERTAINMENT (50% ALLOWABLE PORTION)	673.
ADVERTISING/SIGNS	285.
CREDIT CARD CHARGES	3,007.
PROFESSIONAL FEES	2,050.
DUES & CONFERENCE FEES	4,912.
TECHNOLOGY	921.
POSTAGE & FREIGHT	489.
ENTERTAINMENT	218.
MISCELLANEOUS	130.
SECURITY	5,006.
UTILITIES	189.
RENT	841.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	30,567.