

Buffalo Bill Memorial Association

RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FORM

YEAR ENDED DECEMBER 31, 2014

STATEMENT THAT THIS IS A TAX RETURN NOT A FINANCIAL STATEMENT

The accompanying federal income tax return does **NOT** constitute a financial statement. We have not audited, reviewed or compiled the accompanying income tax return and, accordingly, do not express an opinion or any other form of assurance on it.

An income tax return is not intended to constitute financial statements prepared in accordance with generally accepted accounting principles. Accordingly, it does not necessarily include all financial information or disclosures required by generally accepted accounting principles. If the omitted financial information or disclosures were included with the tax return, they might influence the users' conclusions about the taxpayer's financial position, results of operations and cash flows. Accordingly, this income tax return is not designed to be used in lieu of financial statements.

RECORD RETENTION

Our policy is to dispose of our copies of tax returns and workpapers, and other tax information that is more than eight years old.

Your responsibility for retention of your own tax records varies, depending upon the type of tax return or other information involved. We suggest that you keep your tax information and supporting documents for a minimum of eight years. We also recommend that you keep all records that pertain to a carryover amount, such as net operating loss carryovers and charitable contribution carryovers as well as capital loss carryovers, until eight years after the carryover has been consumed.

Also, we suggest that you maintain, indefinitely, copies of income tax returns, records supporting your tax basis in your personal, investment, and business assets, and documentation pertaining to gifts that you make. Your copies of the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

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

2014

Open to Public Inspection

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.

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/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 \$ 23,626,214. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No 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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: INSPIRE, EDUCATE & ENGAGE GLOBAL AUDIENCES THROUGH AN AUTHENTIC EXPERIENCE WITH THE AMERICAN WEST 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 46 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 46 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 227 6 Total number of volunteers (estimate if necessary) 6 145 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 168,846. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 5,512,473. Prior Year 8,303,997. Current Year 9 Program service revenue (Part VIII, line 2g) 2,702,340. 2,733,908. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,961,916. 3,076,109. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,184,937. 1,153,517. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12,361,666. 15,267,531.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 37,500. 38,500. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,883,912. 6,162,106. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,112,019. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,276,464. 5,355,390. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,197,876. 11,555,996. 19 Revenue less expenses. Subtract line 18 from line 12 163,790. 3,711,535.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 171,889,067. Beginning of Current Year 172,667,373. End of Year 21 Total liabilities (Part X, line 26) 1,139,010. 531,566. 22 Net assets or fund balances. Subtract line 21 from line 20 170,750,057. 172,135,807.	

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 JEREMY G. HAUK	Date 09/03/15	Check if self-employed <input type="checkbox"/>	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		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 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 If "Yes," describe these new services on Schedule O.

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

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 \$ 8,259,087. including grants of \$) (Revenue \$ 3,308,095.) CURATORIAL, COLLECTIONS AND 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 \$ 503,602. including grants of \$) (Revenue \$ 197,509.) EDUCATION:

SCHOOL PROGRAMMING THIS YEAR, 4,350 STUDENTS ENJOYED EITHER SELF-GUIDED OR DOCENT/EDUCATOR-GUIDED TOURS. 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.

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 2014. STUDENTS

4c (Code:) (Expenses \$ 402,812. including grants of \$ 38,500.) (Revenue \$ 157,980.) - 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 9,165,501.

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 domestic 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 or for domestic individuals 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?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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.		
	1a 46		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 46		
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
b	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:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," 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?		
16b			

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, address, and telephone number of the person who possesses the organization's books and records: **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) HENRY H.R. COE, JR. VICE CHAIR	1.00	X		X				0.	0.	0.
(3) MARGARET W. SCARLETT VICE CHAIR	1.90	X		X				0.	0.	0.
(4) PAUL V. CALI TREASURER	2.00	X		X				0.	0.	0.
(5) MARY ANNE DINGUS SECRETARY	0.80	X		X				0.	0.	0.
(6) WILLIS MCDONALD, IV GENERAL COUNSEL	8.00	X		X				0.	0.	0.
(8) MARY GOOCH ARMOUR TRUSTEE	1.00	X						0.	0.	0.
(9) GORDON H. BARROWS TRUSTEE	0.80	X						0.	0.	0.
(10) DANIELE D. BODINI TRUSTEE	0.80	X						0.	0.	0.
(11) JOHN R. CALDWELL TRUSTEE	1.00	X						0.	0.	0.
(12) RUBY CALVERT TRUSTEE	1.50	X						0.	0.	0.
(13) DENIS H. CARROLL TRUSTEE	0.00	X						0.	0.	0.
(14) RICHARD B. CHENEY TRUSTEE	0.20	X						0.	0.	0.
(15) EDWARD P. CONNORS TRUSTEE (PARTIAL YEAR)	1.10	X						0.	0.	0.
(16) GEORGE DILLMAN TRUSTEE	3.00	X						0.	0.	0.
(17) JOAN C. DONNER TRUSTEE	1.00	X						0.	0.	0.
(18) FORREST FENN TRUSTEE (PARTIAL YEAR)	0.40	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			
(19) MARY FLITNER TRUSTEE	0.40	X						0.	0.	0.
(20) CHARLES C. FRANCIS TRUSTEE	3.80	X						0.	0.	0.
(21) ERNEST J. GOPPERT, JR. TRUSTEE (PARTIAL YEAR)	0.00	X						0.	0.	0.
(22) WILLIAM C. GARLOW TRUSTEE	0.60	X						0.	0.	0.
(23) THOMAS P. GRAINGER TRUSTEE	2.00	X						0.	0.	0.
(24) C. HARRIS HASTON TRUSTEE	0.40	X						0.	0.	0.
(25) DEBORAH GOPPERT HOFSTEDT TRUSTEE	4.80	X						0.	0.	0.
(26) RAY L. HUNT TRUSTEE	0.20	X						0.	0.	0.
(27) WALLACE H. JOHNSON TRUSTEE	10.50	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								493,271.	0.	83,249.
d Total (add lines 1b and 1c)								493,271.	0.	83,249.

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 **3**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
FLYING HORSE COMMUNICATIONS 347 S FERGUSON AVE, BOZEMAN, MT 59718	CREATIVE DEVELOPMENT/ADVERTIS	322,783.
HIRTLE CALLAGHAN & CO., FIVE TOWER BRIDGE, SUITE 500, WEST CONSHOHOCKEN, PA 19428-29	INVESTMENT MANAGEMENT	137,068.

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 **2**

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			
(28) PETER W. KUYPER TRUSTEE	1.40	X						0.	0.	0.
(29) DAVID M. LEUSCHEN TRUSTEE	0.40	X						0.	0.	0.
(30) PATRICK R. MCDONALD TRUSTEE	0.40	X						0.	0.	0.
(31) HENRY P. MCINTOSH, IV TRUSTEE	2.80	X						0.	0.	0.
(32) CAROL J. MCMURRY TRUSTEE	0.60	X						0.	0.	0.
(33) LINDA SPENCER MURCHISON TRUSTEE	0.80	X						0.	0.	0.
(34) JAMES E. NIELSON TRUSTEE	6.00	X						0.	0.	0.
(35) NANCY D. PETRY TRUSTEE	1.60	X						0.	0.	0.
(36) HAROLD C. RAMSER, JR. TRUSTEE	5.40	X						0.	0.	0.
(37) RUSTY R. ROKITA TRUSTEE	6.80	X						0.	0.	0.
(38) WILLIAM B. RUGER, JR. TRUSTEE (PARTIAL YEAR)	0.20	X						0.	0.	0.
(39) WILLIAM N. SHIEBLER TRUSTEE	0.80	X						0.	0.	0.
(40) ALAN K. SIMPSON TRUSTEE	0.50	X						0.	0.	0.
(41) COLIN M. SIMPSON TRUSTEE	0.80	X						0.	0.	0.
(42) H. LEIGHTON STEWARD TRUSTEE	2.50	X						0.	0.	0.
(43) JOHN C. SULLIVAN TRUSTEE	2.00	X						0.	0.	0.
(44) MICHAEL J. SULLIVAN TRUSTEE	0.80	X						0.	0.	0.
(45) JAMES G. TAGGART TRUSTEE	0.80	X						0.	0.	0.
(46) HAROLD E. WACKMAN TRUSTEE	1.00	X						0.	0.	0.
(47) A. RICHARD WALJE TRUSTEE	0.60	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	313,625.				
	c Fundraising events	1c	208,515.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	103,381.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,678,476.				
	g Noncash contributions included in lines 1a-1f: \$		387,651.				
	h Total. Add lines 1a-1f		8,303,997.				
Program Service Revenue	2 a ADMISSIONS	Business Code					
		713990	2,119,393.	2,119,393.			
	b PROGRAM FEES	713990	612,913.	612,913.			
	c MISCELLANEOUS	713990	1,602.	1,602.			
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		2,733,908.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,147,898.			1,147,898.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	83,330.				
		(ii) Personal					
		b Less: rental expenses		53,678.			
		c Rental income or (loss)		29,652.			
	d Net rental income or (loss)		29,652.			29,652.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	9,219,072.				
		(ii) Other	5,578.				
		b Less: cost or other basis and sales expenses		7,234,245.	62,194.		
		c Gain or (loss)		1,984,827.	-56,616.		
	d Net gain or (loss)		1,928,211.			1,928,211.	
	8 a Gross income from fundraising events (not including \$ 208,515. of contributions reported on line 1c). See Part IV, line 18	a	98,631.				
		b Less: direct expenses		164,720.			
c Net income or (loss) from fundraising events			-66,089.			-66,089.	
9 a Gross income from gaming activities. See Part IV, line 19	a	135,992.					
	b Less: direct expenses		44,560.				
	c Net income or (loss) from gaming activities		91,432.			91,432.	
10 a Gross sales of inventory, less returns and allowances	a	1,897,808.					
	b Less: cost of goods sold		799,286.				
	c Net income or (loss) from sales of inventory		1,098,522.	929,676.	168,846.		
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			15,267,531.	3,663,584.	168,846.	3,131,104.	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,500.	1,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	37,000.	37,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	399,931.	39,993.	249,148.	110,790.
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	4,389,875.	3,398,899.	405,264.	585,712.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	91,781.	71,833.	10,890.	9,058.
9 Other employee benefits	862,478.	634,395.	130,063.	98,020.
10 Payroll taxes	418,041.	334,895.	35,868.	47,278.
11 Fees for services (non-employees):				
a Management	40,327.	32,527.	7,800.	
b Legal	6,324.	3,060.	3,264.	
c Accounting	74,900.		74,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	267,574.	230,485.	37,089.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	322,223.	298,156.	14,844.	9,223.
12 Advertising and promotion	527,871.	501,226.	26,497.	148.
13 Office expenses	765,358.	627,751.	93,854.	43,753.
14 Information technology	202,209.	150,778.	24,655.	26,776.
15 Royalties				
16 Occupancy	546,970.	520,251.	25,954.	765.
17 Travel	325,898.	193,519.	48,862.	83,517.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,330.	8,411.	511.	2,408.
20 Interest	22,372.	12,855.	9,517.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,778,538.	1,743,800.	20,466.	14,272.
23 Insurance	161,828.	135,070.	26,758.	
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 PUBLICATIONS	87,757.	48,439.	6,873.	32,445.
b REPAIR & MAINTENANCE	78,087.	76,264.	1,823.	
c ENTERTAINMENT	68,377.	12,679.	13,852.	41,846.
d TAXES	18,553.	16,723.	1,830.	
e All other expenses	48,894.	34,992.	7,894.	6,008.
25 Total functional expenses. Add lines 1 through 24e	11,555,996.	9,165,501.	1,278,476.	1,112,019.
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 <input type="checkbox"/> 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,301,540.	1	1,793,109.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,355,910.	3	2,971,903.
	4 Accounts receivable, net	259,045.	4	72,466.
	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	691,643.	8	687,207.
	9 Prepaid expenses and deferred charges	136,779.	9	89,785.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 54,911,931.		
	b Less: accumulated depreciation	10b 24,261,031.		
	11 Investments - publicly traded securities	31,879,974.	10c	30,650,900.
	12 Investments - other securities. See Part IV, line 11	41,903,154.	11	40,185,380.
	13 Investments - program-related. See Part IV, line 11	7,873,430.	12	10,097,217.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	85,487,592.	14	86,119,406.
16 Total assets. Add lines 1 through 15 (must equal line 34)	171,889,067.	15	172,667,373.	
17 Accounts payable and accrued expenses	451,510.	16	119,066.	
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	687,500.	23	412,500.	
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	1,139,010.	25	531,566.	
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26		
28 Unrestricted net assets	20,671,653.	27	20,008,026.	
29 Temporarily restricted net assets	116,047,871.	28	116,113,806.	
30 Permanently restricted net assets	34,030,533.	29	36,013,975.	
31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
32 Capital stock or trust principal, or current funds		30		
33 Paid-in or capital surplus, or land, building, or equipment fund		31		
34 Retained earnings, endowment, accumulated income, or other funds		32		
35 Total net assets or fund balances	170,750,057.	33	172,135,807.	
36 Total liabilities and net assets/fund balances	171,889,067.	34	172,667,373.	

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	15,267,531.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,555,996.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,711,535.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	170,750,057.
5	Net unrealized gains (losses) on investments	5	-2,506,860.
6	Donated services and use of facilities	6	181,075.
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	172,135,807.

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
b 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	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7113533.	5980141.	12380721.	5512473.	8303997.	39290865.
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	7113533.	5980141.	12380721.	5512473.	8303997.	39290865.
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)						7456992.
6 Public support. Subtract line 5 from line 4.						31833873.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	7113533.	5980141.	12380721.	5512473.	8303997.	39290865.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	867,624.	917,396.	1041972.	1604400.	1231228.	5662620.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	8,418.	3,292.	53,857.		23,139.	88,706.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				7,130.		7,130.
11 Total support. Add lines 7 through 10						45049321.
12 Gross receipts from related activities, etc. (see instructions)					12	21,878,182.
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 2014 (line 6, column (f) divided by line 11, column (f))	14	70.66 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	73.62 %
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 VI 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 - 2013. 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI **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 B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number 83-0180403
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>1,001,575.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>352,841.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>372,020.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>2,008,727.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>759,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number 83-0180403
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>300,350.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>435,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number 83-0180403
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number 83-0180403
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

▶ Information about Schedule D (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 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 value of contributions to (during year)		
3 Aggregate value of 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.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 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)?
- 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.

- 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.
- 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) Revenue included in Form 990, Part VIII, line 1	▶ \$	<u>181,779.</u>
(ii) Assets included in Form 990, Part X	▶ \$	<u>86,119,406.</u>
- 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 Revenue 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, for escrow or custodial account liability? 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	48,735,506.	41,780,336.	38,748,618.	41,151,624.	38,186,989.
b Contributions	2,241,898.	3,537,479.	50,000.	301,094.	601,723.
c Net investment earnings, gains, and losses	581,307.	6,387,447.	5,146,390.	-34,780.	4,757,540.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,234,785.	2,969,756.	2,164,672.	2,669,320.	2,394,628.
f Administrative expenses					
g End of year balance	49,323,926.	48,735,506.	41,780,336.	38,748,618.	41,151,624.

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

- a Board designated or quasi-endowment 21.91 %
- b Permanent endowment 67.80 %
- c Temporarily restricted endowment 10.29 %

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:

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

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

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

4 Describe in Part 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		38,004,681.	12,581,120.	25,423,561.
c Leasehold improvements		1,017,140.	546,928.	470,212.
d Equipment		1,293,087.	880,650.	412,437.
e Other		14,431,523.	10,252,333.	4,179,190.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				30,650,900.

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) HEDGE FUND H CALLAGHAN		
(B) ABSO RETN OFFSHR FD II		
(C) LTD	3,305,147.	END-OF-YEAR MARKET VALUE
(D) HEDGE FUND H CALLAGHAN		
(E) TOT RETN OFFSHR FD II LTD	5,819,493.	END-OF-YEAR MARKET VALUE
(F) LIMITED PARTNERSHIP H		
(G) CALLAGHAN PRIVATE EQUITY		
(H) OFFSHORE FUND X LTD	62,416.	COST
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	10,097,217.	

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	31,918,513.
(2) ARTIFACTS, PHOTOS, MEMORABILIA	54,200,893.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	86,119,406.

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	13,902,940.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-2,506,860.	
	b Donated services and use of facilities	2b	181,075.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	-2,325,785.	
3	Subtract line 2e from line 1		3	16,228,725.
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	267,574.	
	b Other (Describe in Part XIII.)	4b	-1,228,768.	
	c Add lines 4a and 4b	4c	-961,194.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	15,267,531.

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	12,517,190.
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	1,228,768.	
	e Add lines 2a through 2d	2e	1,228,768.	
3	Subtract line 2e from line 1		3	11,288,422.
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	267,574.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	267,574.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	11,555,996.

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 7,800 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, 2014 OR 2013.

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, 2014 OR 2013.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES NETTED WITH REVENUE ON TAX RETURN:	-164,720.
COST OF GOODS SOLD NETTED WITH REVENUE ON TAX RETURN:	-799,286.
DIRECT GAMING EXPENSES NETTED WITH REVENUE ON TAX RETURN:	-44,560.
RECLASSIFICATION OF NET ASSETS	-166,524.
RENTAL EXPENSES NET OF INSURANCE PROCEEDS	-53,678.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-1,228,768.

Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES NETTED WITH REVENUE ON TAX

RETURN: 164,720.

RECLASSIFICATION OF NET ASSETS: 166,524.

COST OF GOODS SOLD NETTED WITH REVENUE ON TAX RETURN: 799,286.

DIRECT GAMING EXPENSES NETTED WITH REVENUE ON TAX RETURN: 44,560.

RENTAL EXPENSES NET OF INSURANCE PROCEEDS 53,678.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,228,768.

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; do not file with Form 990)* 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; do not file with Form 990)* 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))	
		RENDEZVOUS ROYALE		NONE		
		(event type)	(event type)	(total number)		
Revenue	1 Gross receipts	307,146.			307,146.	
	2 Less: Contributions	208,515.			208,515.	
	3 Gross income (line 1 minus line 2)	98,631.			98,631.	
Direct Expenses	4 Cash prizes					
	5 Noncash prizes	20,740.			20,740.	
	6 Rent/facility costs					
	7 Food and beverages	77,120.			77,120.	
	8 Entertainment	55,388.			55,388.	
	9 Other direct expenses	11,472.			11,472.	
	10 Direct expense summary. Add lines 4 through 9 in column (d)				164,720.	
11 Net income summary. Subtract line 10 from line 3, column (d)				-66,089.		

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			135,992.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			41,000.	41,000.
	4 Rent/facility costs				
	5 Other direct expenses			3,560.	3,560.
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)				44,560.	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				91,432.	

9 Enter the state(s) in which the organization conducts gaming activities: WY
a Is the organization licensed to conduct 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: _____

Part III Grants and Other Assistance to Domestic Individuals. 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	5	37,000.	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:

FELLOWSHIPS:

FELLOWSHIP PROPOSALS FOR RESEARCH (WHICH IS UNDERTAKEN EITHER IN RESIDENCE USING CENTER COLLECTIONS, OR IN THE FIELD) ARE REVIEWED AND AWARDED BY AN INTERNAL COMMITTEE. UPON ACCEPTING THEIR FELLOWSHIP AWARD, FELLOWS SIGN A CONTRACT WHICH OUTLINES PROJECT GOALS, METHODOLOGIES, AND REQUIREMENTS (EITHER IN RESIDENCE OR IN FIELD WORK), INCLUDING THE PREPARATION OF AN OUTREACH PRODUCT (E.G., A PUBLIC LECTURE, A PUBLICATION, AN EXHIBITION) AND A FINAL REPORT SUMMARIZING THEIR WORK. A CENTER STAFF MEMBER (TYPICALLY A

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <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) |

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

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?

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.

- | | |
|---|---|
| <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 |

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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2014

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 in column (B) 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)	204,390.	0.	1,035.	8,574.	27,253.	241,252.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHARLES T. ROBERSON CHIEF DEVELOPMENT OFFICER	(i)	157,260.	13,878.	526.	0.	21,345.	193,009.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 1A:

THE EXECUTIVE DIRECTOR RECEIVED TRAVEL FOR COMPANIONS DURING 2014 AND THE AMOUNT WAS TREATED AS TAXABLE COMPENSATION. THE CHIEF DEVELOPMENT OFFICER AND CHIEF FINANCIAL OFFICER RECEIVED A TEMPORARY HOUSING ALLOWANCE DURING 2014 AND THE AMOUNTS WERE TREATED AS TAXABLE COMPENSATION.

PART I, LINE 7:

DURING 2014 THE CHIEF DEVELOPMENT OFFICER RECEIVED A PERFORMANCE BONUS OF \$13,878 APPROVED BY THE EXECUTIVE DIRECTOR/CEO. THIS BONUS IS ALSO DISCLOSED ON PART II, LINE 1, COLUMN (B)(I).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

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	3	44,000.	OPINION OF EXPERT
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		78,540.	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	14	111,188.	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	24	59,239.	OPINION OF EXPERT
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>SUPPLIES</u>)	X	42	74,844.	ACTUAL COST
26 Other ▶ (<u>FUNDRAISING S</u>)	X	17	19,840.	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 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)

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

2014

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:

IN 2014, THE WHITNEY WESTERN ART MUSEUM STAFF CONTINUED RESEARCH 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 EXHIBITION IS CALLED PAINTED JOURNEYS: THE ART OF JOHN MIX STANLEY, AND OPENS AT THE CENTER OF THE WEST, JUNE 6, 2015.

THE CENTER'S PLAINS INDIAN MUSEUM RECEIVED MAJOR PLANNING GRANTS FROM THE NATIONAL ENDOWMENT FOR THE HUMANITIES AND THE NATIONAL ENDOWMENT FOR THE ARTS WITH GRANT PERIODS ENDING IN SUMMER 2014. THESE GRANTS ENABLED US TO DEVELOP CONCEPTS FOR THE TRAVELING EXHIBITION LEGACIES: PLAINS INDIAN ART FROM THE PAUL DYCK COLLECTION. IN 2014, THE PLAINS INDIAN MUSEUM EXPANDED OUR OUTREACH TO INDIAN COMMUNITIES THROUGH EDUCATIONAL PROGRAMS AND WEB INITIATIVES.

THE CENTER'S CODY FIREARMS MUSEUM INSTALLED STABAARTE CASES DESIGNED FOR VISIBLE STORAGE. INSTALLED IN LATE JANUARY 2014 AND CONTAINING 299 FIREARMS, THE VERTICAL RACKS CONSIST PREDOMINANTLY OF FOREIGN FIREARMS, INCLUDING EUROPEAN FIREARMS FROM MILITARY CONFLICTS THROUGH THE WORLD

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

WARS. THE HORIZONTAL SHELVES ENCOMPASS THE HISTORY OF THE HANDGUN FROM EARLY MATCHLOCKS THROUGH CONTEMPORARY PRODUCTS. THE STABAARTE DISPLAYS ARE A STEPPING-STONE FOR THE CODY FIREARMS MUSEUM TO DEVELOP A FULL-SCALE FIREARMS RESEARCH CENTER THAT WILL CULTIVATE AN ATMOSPHERE OF ACADEMIC SCHOLARSHIP.

THE CENTER'S MCCRACKEN RESEARCH LIBRARY SCANNED AND CATALOGUED MORE THAN 4,000 FIREARMS DESIGN DRAWINGS, AS WELL AS OTHER MATERIALS RELATED TO AMERICAN FIREARMS HISTORY, AND UPLOADED THEM TO THE WEBSITE. THE MCCRACKEN RESEARCH LIBRARY HAS CONTINUED TO PURSUE DIGITIZATION OF COLLECTIONS TO INCREASE ACCESSIBILITY FOR RESEARCH AND EDUCATIONAL PURPOSES.

THE CENTER'S DRAPER NATURAL HISTORY MUSEUM DEVELOPED AND PRESENTED JOE RIIS'S PRONGHORN PASSAGE PHOTOGRAPHY EXHIBITION ACCOMPANIED BY A PUBLIC PRESENTATION ABOUT THE RESEARCH. THE DRAPER REACHED MORE THAN 30,000 PROGRAM PARTICIPANTS WITH VARIOUS LECTURE SERIES, FIELD TRIPS, GALAPAGOS/ECUADOR NATURAL HISTORY TOUR, AND DRAPER MUSEUM RAPTOR EXPERIENCE.

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:

PARTICIPATED IN A TWO-DAY EDUCATIONAL EXPERIENCE THAT INCLUDED GUIDED TOURS AND SELF-GUIDED EXPERIENCES WITH THE USE OF TAILORED ACTIVITY

MAPS.

Name of the organization

BUFFALO BILL MEMORIAL ASSOCIATION

Employer identification number

83-0180403

SKYPE IN THE CLASSROOM

THE INTERPRETIVE EDUCATION DEPARTMENT PARTICIPATES IN 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. IN 2014, EDUCATORS REACHED OVER 7,600 STUDENTS IN 41 STATES AND 9 COUNTRIES. TEACHERS COULD CHOOSE FROM THREE LESSONS: STORIES AND CULTURES OF PLAINS INDIANS AND BUFFALO; TRAPPERS, TRADERS, TRAILBLAZERS: MOUNTAIN MEN OF THE ROCKY MOUNTAIN WEST; AND DO YOU SEE ME LIKE I SEE ME?: CULTURAL PERSPECTIVES IN WESTERN AMERICAN ART.

INTERNET EDUCATIONAL OPPORTUNITIES

THE CENTER ADDED TWO INTERACTIVE ACTIVITIES TO THE WEBSITE IN 2014. THESE INCLUDE HISTORY CANVAS, WHICH IS BASED ON OUR POPULAR CREATE YOUR WEST INTERACTIVE IN THE WHITNEY WESTERN ART MUSEUM, AND DRESSED JUST RIGHT, INSPIRED BY THE CENTER'S CHILDREN'S BOOK OF THE SAME NAME.

FAMILY FUN DAYS

THE CENTER SPONSORED EIGHT "FAMILY FUN DAYS" IN 2014 WITH MORE THAN 1,500 PEOPLE IN ATTENDANCE. TITLES INCLUDED LIVE AT THE MUSEUM; LIGHTS, CAMERA, ACTION!; WINTER MUSEUM OLYMPICS; MUSIC OF THE WEST; SUMMER PARTY; AND HOOTIN' HOWLIN' HALLOWEEN. 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.

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SUMMER CHILDREN AND FAMILY PROGRAMMING

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.

FATHER AND SON TEAM, JOHN AND GIANLUCA GIARRIZZO, SPENT TWO WEEKS EACH IN THE WHITNEY WESTERN ART MUSEUM SKETCHING AND INTERACTING WITH VISITORS. EN PLEIN AIR ARTIST, MICHELE FARRIER, ALSO SPENT TWO WEEKS IN THE GALLERY SHARING HER TECHNIQUES WITH VISITORS.

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 TWENTY-MINUTE SPOTLIGHT PROGRAMS FEATURING A VARIETY OF MUSEUM TOPICS TO MORE THAN 2,000 VISITORS. THE ESSENTIAL CHUCKWAGON, THE STORY OF "THE SCOUT", THE SCULPTURES OF A.P. PROCTOR, AND JAMES BAMA--ARTIST AND PHOTOGRAPHER 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 OFFERED PRESENTATIONS DAILY AT THE CENTER AS WELL AS OUTREACH PROGRAMS TO

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SCHOOLS IN THE AREA. STAFF AND VOLUNTEERS PRESENTED DAILY PROGRAMS ENTITLED "HUNTERS ON THE WING" FROM MAY THROUGH SEPTEMBER. THEY ALSO HAD THE BIRDS OUT DAILY FOR THE ENTIRE YEAR SO VISITORS COULD ASK QUESTIONS OF OUR RAPTOR HANDLERS. STAFF AND VOLUNTEERS PRESENTED 557 PROGRAMS THAT WERE ATTENDED BY 35,113 VISITORS.

TOUR GUIDE PROGRAM

EDUCATION STAFF DELIVERED MORE THAN 315 GUIDED TOURS OF THE CENTER SERVING 5,050 VISITORS 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.

AUDIO TOURS

NEW IN 2014, THE CENTER ADDED AN AUDIO TOUR OF THE WHITNEY WESTERN ART MUSEUM. THE TOUR FEATURES 25 STOPS THAT HIGHLIGHT ARTWORK AND PROVIDE INSIGHTS THROUGH CURATOR AND SCHOLAR INTERVIEWS, DESCRIPTIVE ARTISTIC DETAIL, AND SPECIAL FEATURES.

DISCOVERY FIELD TRIPS

THE CENTER CONDUCTED DISCOVERY FIELD TRIPS FOR MIDDLE SCHOOL STUDENTS. IN JULY STUDENTS PARTICIPATED IN A BUTTERFLY SURVEY TO LEARN ABOUT PATTERNS AND DISTRIBUTION OF BUTTERFLIES IN THE ROCKY MOUNTAIN WEST. THE PADDLING THROUGH TIME CANOE TRIP FOCUSED ON WATER ISSUES AND GEOLOGY OF THE BIG HORN CANYON.

COMMUNITY FESTIVALS

IN 2014, THE CENTER PARTNERED WITH MANY COMMUNITY GROUPS AND STATE AND

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FEDERAL WILDLIFE AGENCIES FOR TWO MAJOR COMMUNITY EVENTS. SPRING INTO YELLOWSTONE, A BIRDING AND WILDLIFE FESTIVAL, WAS HELD 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 33RD 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 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: DOCENT TRAINING, CODY CULTURE CLUB, BUFFALO GALS LUNCHEON, AND BEHIND THE SCENES TOURS OF THE CENTER.

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, WHITNEY WESTERN ART MUSEUM LECTURE SERIES, BOOK AUTHOR LECTURES, FELLOWSHIP SCHOLARS PRESENTATIONS, AND PROGRAMS BY OUR CURATORIAL

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STAFF. IN 2014, THE CENTER OFFERED 25 LECTURE PROGRAMS WITH APPROXIMATELY 2500 PEOPLE IN ATTENDANCE.

PHOTOGRAPHY GALLERY PROGRAMS

DURING 2014, THE CENTER'S JOHN BUNKER SANDS PHOTOGRAPHY GALLERY FEATURED THREE EXHIBITIONS; PRONGHORN PASSAGE, FOCUSING ON THE SECOND LONGEST RECORDED OVERLAND MAMMAL MIGRATION IN THE WESTERN HEMISPHERE; CONTEMPORARY ART IN ADVANCE OF THE BUFFALO BILL ART SHOW AND SALE; AND RETRIEVING THE PAST, A COLLECTION OF HISTORIC BLACK AND WHITE PHOTOGRAPHS.

INTERN PROGRAMS

THE BUFFALO BILL CENTER OF THE WEST OFFERS INTERNSHIPS TO STUDENTS IN MANY MUSEUM-RELATED DISCIPLINES. IN 2014, THE CENTER HAD 6 INTERNS FROM 6 STATES IN THE FOLLOWING DEPARTMENTS: LIBRARY- PHOTO ARCHIVIST, EDUCATION, FIREARMS CURATORIAL, WESTERN ART CURATORIAL, REGISTRATION, AND GRAPHICS. IN ADDITION, THE CONSERVATION DEPARTMENT'S 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 69 INTERNS (9 IN 2014) FROM ALL OVER THE UNITED STATES AND FRANCE, THE UK, FINLAND, EGYPT, SOUTH KOREA AND SPAIN HAVE BEEN TRAINED IN THE CONSERVATION INTERN PROGRAM AT THE CENTER SINCE THE PROGRAM STARTED IN 2008.

YELLOWSTONE NATIONAL PARK PROGRAMS

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FROM JUNE THROUGH AUGUST, THE CENTER PRESENTS FOUR PROGRAMS PER WEEK IN YELLOWSTONE NATIONAL PARK AT LAKE LODGE. TOPICS ARE WIDE-RANGING AND INCLUDE ART, AMERICAN HISTORY, AND NATURAL HISTORY.

YELLOWSTONE PHOTOGRAPHY WORKSHOP

IN PARTNERSHIP WITH THE PALM BEACH PHOTOGRAPHIC CENTRE IN FLORIDA, ADULTS HAD THE OPPORTUNITY TO LEARN NEW PHOTOGRAPHY TECHNIQUES WHILE LEARNING ABOUT THE NATURAL WONDERS OF YELLOWSTONE IN THIS WEEK LONG ADVENTURE.

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

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

DURING 2014, THE CENTER'S JEREMY JOHNSTON CHAIRED A ROUNDTABLE DISCUSSION, "THE ENDURING GLOBAL LEGACY OF BUFFALO BILL'S WILD WEST," AND WITH REPRESENTATIVES OF THE PAPERS OF WILLIAM F. CODY, DISCUSSED VARIOUS TOPICS RELATED TO BUFFALO BILL'S GLOBAL LEGACY. PARTICIPANTS INCLUDED DR. DOUGLAS SEEFELDT, HISTORY DEPARTMENT, BALL STATE UNIVERSITY; DR. FRANK CHRISTIANSON, ENGLISH DEPARTMENT, BRIGHAM YOUNG UNIVERSITY; MICHELLE DELANEY, DIRECTOR OF THE CONSORTIUM FOR UNDERSTANDING THE AMERICAN EXPERIENCE, SMITHSONIAN INSTITUTION; AND RIVA FREIFELD, AN INDEPENDENT DOCUMENTARY FILMMAKER. C-SPAN RECORDED AND BROADCAST THE PROGRAM ON DECEMBER 7, 2014.

SCIENTIFIC RESEARCH:

DURING 2014, DR. CHARLES PRESTON PRESENTED GOLDEN EAGLE/SAGEBRUSH-STEPPE RESEARCH RESULTS AT THE NORTH AMERICAN CONGRESS OF CONSERVATION BIOLOGY, INTERNATIONAL RAPTOR RESEARCH FOUNDATION,

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BIENNIAL CONFERENCE ON SCIENCE IN THE GREATER YELLOWSTONE ECOSYSTEM,
AND U.S. FISH AND WILDLIFE SERVICE GOLDEN EAGLE TASK FORCE
INTERNATIONAL WORKSHOPS. HIS RESEARCH HAS BEEN AND CONTINUES TO BE A
LONG TERM PROJECT, INVOLVING 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 DRAPER CONTINUED PREPARATION AND WORK ON GREATER YELLOWSTONE WOLF
SPECIMENS FOR USE IN SCIENTIFIC RESEARCH, EDUCATIONAL PROGRAMMING, AND
EXHIBITS. STAFF AND VOLUNTEERS BEGAN WORK ON A COLLECTIONS CATALOGUE
FOR DISSEMINATION TO THE SCIENTIFIC COMMUNITY.

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. IN EARLY 2014, THE
LIBRARY HIRED A FULL-TIME PHOTO CATALOGER UNDER AN INSTITUTE FOR
MUSEUMS AND LIBRARY SERVICES (IMLS) GRANT TO CATALOG AND DIGITIZE THE
WILLIAM F. CODY COLLECTION PHOTOGRAPHS. THE CENTER CONTINUES
DIGITIZATION OF ITS COLLECTIONS - OVER 4,000 ITEMS DIGITIZED IN 2014
FOR A TOTAL OF MORE THAN 30,000 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:

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THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES SHALL HAVE AND MAY EXERCISE ALL OF THE POWER AND AUTHORITY OF THE BOARD OF TRUSTEES DURING INTERVALS BETWEEN REGULAR MEETINGS OF THE BOARD OF TRUSTEES, EXCEPT AS HEREINAFTER LIMITED FROM TIME TO TIME BY RESOLUTION OF THE BOARD OF TRUSTEES AND AS LIMITED BY APPLICABLE LAW. THE EXECUTIVE COMMITTEE SHALL CONSIST OF ALL OF THE OFFICERS OF THE CENTER AND ADDITIONAL TRUSTEES, NOT TO EXCEED FIFTEEN MEMBERS.

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

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AND DECISION MAKING RELATED TO THE CONFLICT OR ACTION BY THE CHAIR (IF WARRANTED) TO FORCE THE INDIVIDUAL TO REMOVE 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 15:

THE BOARD OF DIRECTORS DESIGNATES A COMMITTEE TO PROVIDE THE EXECUTIVE DIRECTOR AND CFO 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 AND CFO'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.

Name of the organization BUFFALO BILL MEMORIAL ASSOCIATION	Employer identification number 83-0180403
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FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON REQUEST AND ON THE ORGANIZATION'S WEBSITE:

[HTTP://CENTEROFTHEWEST.ORG/ABOUT-US/ANNUAL-REPORTS/](http://centerofthewest.org/about-us/annual-reports/).

**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.

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

OMB No. 1545-0047

2014

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	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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.

	Yes	No
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?		
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.)

2015

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 2014 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	2015 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	2,000.

		(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	2014 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** (2015)

ESTIMATED TAX	2,000.
OVERPAYMENT APPLIED	2,000.
AMOUNT DUE	0.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2014

Department of the Treasury
Internal Revenue Service

For calendar year 2014 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).

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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>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)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BUFFALO BILL MEMORIAL ASSOCIATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 720 SHERIDAN AVENUE</p> <p>City or town, state or province, country, and ZIP or foreign postal code CODY, WY 82414</p>	<p>D Employer identification number (Employees' trust, see instructions.) 83-0180403</p> <p>E Unrelated business activity codes (See instructions.) 453220 722320</p>
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C Book value of all assets at end of year: **172667374.**

F Group exemption number (See instructions.) ▶ _____

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust 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
1a Gross receipts or sales 265,083.			
b Less returns and allowances _____ c Balance ▶	1c 265,083.		
2 Cost of goods sold (Schedule A, line 7) _____	2 96,237.		
3 Gross profit. Subtract line 2 from line 1c _____	3 168,846.		168,846.
4a Capital gain net income (attach Schedule D) _____	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) _____	4b		
c Capital loss deduction for trusts _____	4c		
5 Income (loss) from partnerships and S corporations (attach statement) _____	5		
6 Rent income (Schedule C) _____	6		
7 Unrelated debt-financed income (Schedule E) _____	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I) _____	10		
11 Advertising income (Schedule J) _____	11		
12 Other income (See instructions; attach schedule) _____	12		
13 Total. Combine lines 3 through 12 _____	13 168,846.		168,846.

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	109,857.
16 Repairs and maintenance _____	16	362.
17 Bad debts _____	17	
18 Interest (attach schedule) _____	18	
19 Taxes and licenses _____	19	10,950.
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	15,857.
26 Excess exempt expenses (Schedule I) _____	26	
27 Excess readership costs (Schedule J) _____	27	
28 Other deductions (attach schedule) _____	28	27,263.
29 Total deductions. Add lines 14 through 28 _____	29	164,289.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 _____	30	4,557.
31 Net operating loss deduction (limited to the amount on line 30) _____	31	4,557.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 _____	32	0.
33 Specific deduction (Generally \$1,000, but see line 33 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	0.

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 2013 overpayment credited to 2014	44a	2,000.	
b 2014 estimated tax payments	44b		
c Tax deposited with Form 8868	44c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f 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		2,000.
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		2,000.
49 Enter the amount of line 48 you want: Credited to 2015 estimated tax 2,000. Refunded	49		0.

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

1 At any time during the 2014 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 FinCEN Form 114, 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	8,455.	6 Inventory at end of year	6	7,594.
2 Purchases	2	95,376.	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	96,237.
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	103,831.			

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: **JEREMY G. HAUK**
 Date: **09/03/15**
 Check if self-employed
 PTIN: **P00626792**
 Firm's name: **EIDE BAILLY LLP**
 Firm's EIN: **45-0250958**
 Firm's address: **401 N 31ST ST STE 1120, PO BX 7112 BILLINGS, MT 59103-7112**
 Phone no.: **406-896-2400**

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

1. Description of property

(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(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)		
(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)		(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)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8				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		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 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		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 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)		Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.			Enter here and on page 1, Part II, line 27. 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.

