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CLIENT'S COPY

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2019

Name BUFFALO FIELD CAMPAIGN INC.	Employer Identificat 36-39644	tion Number 0 1
Based on the information provided with this return, the following are possible carryover amounts to next year.	1	
FEDERAL NET POSITIVE ACE ADJUSTMENT		11,250.
FEDERAL NET OPERATING LOSS		43,597.
FEDERAL AMT NET OPERATING LOSS		2,595.

819341 04-01-18



BUFFALO FIELD CAMPAIGN INC. PO BOX 957 WEST YELLOWSTONE, MT 59758

BUFFALO FIELD CAMPAIGN INC .:

Enclosed are the organization's 2018 Exempt Organization returns. The returns should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail as soon as possible.

Mail to:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

FORM 990-T RETURN:

No amount is due on Form 990-T.

Please sign and mail as soon as possible.

Mail to:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

Return 8879-EO to us as soon as possible but not later than the due date of your return.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Best regards,

Form 990

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or the	and 2018 calendar year, or tax year beginning and	ending				
B c a	heck if	e: C Name of organization		D Employer identific	ation number		
	Addres	e BUFFALO FIELD CAMPAIGN INC.					
	Name Chang	e Doing business as	36-3964401				
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number				
	Final return/	PO BOX 957					
	termin ated		G Gross receipts \$	418,823.			
	Ameno	WEST YELLOWSTONE, MT 59758		H(a) Is this a group re	turn		
	Applic tion	F Name and address of principal officer: INIS OWER		for subordinates	? Yes X No		
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in			
		empt status: 🗴 501(c)(3) 🔄 501(c) ()◀ (insert no.) 🗌 4947(a)(1) d	or 📃 527	If "No," attach a	list. (see instructions)		
_		te: > WWW.BUFFALOFIELDCAMPAIGN.ORG		H(c) Group exemption			
		organization: 🔀 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨	L Year	of formation: 1994 N	I State of legal domicile: MT		
Pa	art I	Summary					
¢)		Briefly describe the organization's mission or most significant activities: $\underline{\text{THE}}$					
Ű		BUFFALO FIELD CAMPAIGN IS TO STOP THE SLA	UGHTER	OF YELLOWS	FONE'S		
Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.		
ove					7		
		Number of independent voting members of the governing body (Part VI, line 1b)			6		
es 2		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			19		
Activities &		Total number of volunteers (estimate if necessary)			71		
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			-1,633.		
_	b	Net unrelated business taxable income from Form 990-T, line 38	·····	7b	-555.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		313,004.	352,939.		
ent		Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		24.	24.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,477.	37,056.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		339,505.	390,019.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		• •	0.		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		169,896.	171,109.		
ens		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 37,11		1.00 4.07	160.057		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		162,427.	169,257.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		332,323.	340,366.		
		Revenue less expenses. Subtract line 18 from line 12		7,182.	49,653.		
IS OF				ginning of Current Year	End of Year		
Assets of Balanc	20	Total assets (Part X, line 16)		837,330.	868,148.		
et A: nd F		Total liabilities (Part X, line 26)		202,371.	183,536.		
Ž ³		Net assets or fund balances. Subtract line 21 from line 20		634,959.	684,612.		
1 12	nrt 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 IRIS OWEN, TREASURER Type or print name and title			Date	
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Preparer	Firm's name			Firm's EIN 🕨	
Use Only	Firm's address 🕨				
	- -			Phone no.	
May the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)			Yes No
832001 12-3	2001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2018) BUFFALO FIELD CAMPAIGN INC. 36-3964401 Page
Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROTECT THE NATURAL HABITAT OF WILD MIGRATORY BUFFALO AND NATIVE
	WILDLIFE, TO STOP THE SLAUGHTER AND HARASSMENT OF AMERICA'S LAST WILD
	BUFFALO AS WELL AS TO ADVOCATE FOR THEIR LASTING PROTECTION, AND TO
	WORK WITH PEOPLE OF ALL NATIONS TO HONOR THE SACREDNESS OF THE WILD
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-	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
4	revenue, if any, for each program service reported. (Code:) (Expenses \$179,661. including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$) (Revenue \$)
	PROGRAM IS THE OPERATION OF DAILY FIELD PATROLS ALONG BISON MIGRATION
	CORRIDORS NEAR THE BOUNDARIES OF YELLOWSTONE NATIONAL PARK. PATROLS
	OPERATE DURING THE TIMES OF YEAR WHEN BISON ARE IN MONTANA. VOLUTEERS
	EQUIPPED WITH STILL AND VIDEO CAMERAS DOCUMENT EVERY ACTION TAKEN
	AQAINST BUFFALO AND THE TOLL THESE OPERATIONS TAKE ON WILD SPECIES IN
	THE ECOSYSTEM. BUFFALO FIELD CAMPAIGN PROVIDED TRAINING, ROOM, BOARD,
	WINTER CLOTHING, AND EQUIPMENT TO EACH OF THESE VOLUNTEERS OUTFITTING
	THEM FOR SOME OF THE MOST EXTREME WEATHER CONDITIONS IN THE COUNTRY.
	TIME SPENT IN THE PRESENCE OF WILD BISON - BOTH IN THEIR NATURAL GRACE
	AND THROUGH THE CHAOS OF HAZING, CAPTURE, AND SLAUGHTER OPERATIONS -
	INSPIRES BUFFALO FIELD CAMPAIGN VOLUNTEERS AND COORDINATORS TO
4b	(Code:) (Expenses \$ 81,758 • including grants of \$) (Revenue \$)
	EDUCATION AND OUTREACH - THE BUFFALO FIELD CAMPAIGN'S EDUCATION AND
	OUTREACH EFFORTS CONVEY INFORMATION AND IMAGES GAINED THROUGH FIELD
	PATROLS, PUBLIC MEETINGS AND RESEARCH TO CITIZENS ACROSS THE COUNTRY
	AND AROUND THE GLOBE. BFC CONVEYS BUFFALO-RELATED NEWS AND INFORMATION
	THROUGH A MULTI-MEDIA WEBSITE, WEEKLY EMAIL UPDATES, COVERAGE IN
	MAINSTREAM AND ALTERNATIVE NEWSPAPERS, TELEVISION, AND RADIO ON A
	VARIETY OF WEBSITES, ON ANNUAL ROAD SHOWS, AND THROUGH THE PUBLICATION
	AND DISTRIBUTION OF AN ANNUAL NEWSLETTER.
	AND DISTRIBUTION OF AN ANNOAD NEWSDETTER.
	10.040
4c	(Code:) (Expenses \$19,848. including grants of \$) (Revenue \$)
	POLICY WORK, RESEARCH AND LEGAL PROGRAM - THE BFC RESEARCHES
	INFORMATION RELATED TO THE YELLOWSTONE BUFFALO, BRUCELLOSIS AND
	WILDLIFE IN THE GREATER YELLOWSTONE AREA. COORDINATORS CONDUCT
	EXTENSIVE RESEARCH INTO LAND USE ISSUES AND PRESENT THEIR FINDINGS TO
	THE GENERAL PUBLIC AND ATTEND PUBLIC MEETINGS AND CONFERENCES AND
	SUBMIT PUBLIC COMMENTS ON MANAGEMENT DECISIONS AFFECTING THE
	YELLOWSTONE BISON.
4-1	Other pression can jess (Describe in Schedule O)
40	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 281,267.
	Total program service expenses 281, 267.
<u>4e</u>	
4e	Form 990 (201

Form	990	(2018)

Part IV Checklist of Required Schedules

BUFFALO FIELD CAMPAIGN INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
~	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?			x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10		10		x
11	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>			- 23
	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI 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? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<u>.</u> .		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	<u>X</u> (2018)
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 BUFFALO FIELD CAMPAIGN INC.
 36-3964401
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 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		05h		x
00	Schedule L, Part I	25b		- 23
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? // "Yes,"			- v
	complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			77
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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	4			

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⁻ orm Par	990 (2018) BUFFALO FIELD CAMPAIGN INC. 36-3964 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	401	Р	_{age} 5
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	
Zu	filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter:	1		
11 a				
	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes." complete Form 4720, Schedule O			

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Form 990	(2018)
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 Form 990 (2018)
 BUFFALO
 FIELD
 CAMPAIGN
 INC.
 36-3964401
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 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	 X
Section A. Governing Body and Management	

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5		
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?	2	х	
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?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6		6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			- 23
7a		7-		x
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			.
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		X
Sec	tion 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?	10a		X
	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?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	- 23	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	77	X
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		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?	16a		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		
Sec	tion C. Disclosure	100		1
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)		availat	ماد
10		is officially)	avanai	JIE
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)		:-1	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	a financ	al	
	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			
	THE ORGANIZATION - 406-646-0070			
	PO BOX 957, WEST YELLOWSTONE, MT 59758		990	

(A)

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 (Ď), (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."

(**D**)

• 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.

 (\mathbf{C})

(D)

Т

(E)

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior) than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar T	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			ensa		(W-2/1099-MISC)		organization
	organizations	al trus	nal ti		loyee	e com				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Offi	Key	en Hig	For			
(1) MICHAEL MEASE	25.00									
BOARD MEMBER		Х						17,280.	0.	0.
(2) JUSTINE SANCHEZ	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) KASI CROCKER	3.00									
SECRETARY		х		X				0.	0.	0.
(4) IRIS OWEN	1.00									
TREASURER		х		x				0.	Ο.	0.
(5) JAMES HOLT	1.00									
VICE PRESIDENT		х		X				0.	Ο.	0.
(6) ROMAN SANCHEZ	1.00									
BOARD MEMBER		х						0.	Ο.	0.
(7) WHITNI NELSON	1.00									
BOARD MEMBER		х						0.	Ο.	0.
(8) KENNETH COLE	40.00									
FORMER EXECUTIVE DIRECTOR				X				29,167.	Ο.	0.
000007 10 01 10										Earm 990 (2018)

7

832007 12-31-18

Form 990 (2018)

Form 990 (2018) BUFFALO	FIELD CA	MP	PAI	GN	ΙI	NC	•		36-39	644	01	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not c , unles	Pos heck ss per	more rson i	than o s both r/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	1	amou	F) nated unt of her
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS0		comper from organi and re organiz	n the ization elated
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										\square		
										+		
		-										
		-										
										\square		
The Sub total		-						46,447.		0.		0.
1b Sub-total c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							0.		0.		0.
2 Total number of individuals (including but n compensation from the organization ►							o re	eceived more than \$100,	000 of reportable			0
3 Did the organization list any former officer,	-				•			•				es No X
 line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su and related organizations greater than \$150 	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from th	ne organization		3	X
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," con</i>	accrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	lual for services		5	X
Section B. Independent Contractors 1 Complete this table for your five highest co										ensatic	on from	
the organization. Report compensation for (A)					ith c	or wi	thin	(B)			(C)	
Name and business	address	NC	ONE	2				Description of s	ervices	Col	mpensa	ation
2 Total number of independent contractors (i	ncluding but s	otlin	nitor	1 to 1	thee		tod	above) who received me	are than			
 Standard and the organi \$100,000 of compensation from the organi 			met		(1105 (eu			F	orm 99	0 (2018)
												· · · -/

832008 12-31-18

Part VIII Statement of Revenue Check if Schedule C contains a response or note to any lime in this Part VIII (P)				LO FIELD CA	AMPAIGN	I INC.		36-3964	401 Page 9
Image: second				nue					
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BUFFALO FIELD CAMPAIGN INC. Part IX Statement of Functional Expenses

o not in	Check if Schedule O contains a respons clude amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
b, 8b, 9l	b, and 10b of Part VIII.		expenses	general expenses	expenses
	ts and other assistance to domestic organizations				
and	domestic governments. See Part IV, line 21				
	nts and other assistance to domestic				
	viduals. See Part IV, line 22				
	nts and other assistance to foreign				
	anizations, foreign governments, and foreign				
	viduals. See Part IV, lines 15 and 16				
	efits paid to or for members				
	npensation of current officers, directors,		22.200		
	tees, and key employees	46,447.	32,280.	6,667.	7,50
	pensation not included above, to disqualified				
	ons (as defined under section 4958(f)(1)) and				
	ons described in section 4958(c)(3)(B)	108 565	04.050	11.050	1 65
	er salaries and wages	107,565.	94,052.	11,856.	1,65
	sion plan accruals and contributions (include				
	on 401(k) and 403(b) employer contributions)				
	er employee benefits	10 000	14 500	1 504	
	roll taxes	17,097.	14,790.	1,584.	72
	s for services (non-employees):				
a Man	nagement	410.	410.		
b Lega	al				
c Acc	ounting				
	bying				
	essional fundraising services. See Part IV, line 17				
f Inve	stment management fees				
-	er. (If line 11g amount exceeds 10% of line 25,				
	mn (A) amount, list line 11g expenses on Sch O.)	9,176.	727.		8,44
	ertising and promotion	13,078.	13,078.		
	ce expenses	295.		183.	11:
Info	rmation technology				
Roy	alties				
Occ	upancy	38,802.	38,802.		
Trav	/el	8,146.	7,462.	684.	
Payı	ments of travel or entertainment expenses				
	any federal, state, or local public officials				
Con	ferences, conventions, and meetings				
Inter					
Payı	ments to affiliates				
Dep	reciation, depletion, and amortization	13,335.	13,335.		
Insu		2,072.	1,918.		15
Othe	r expenses. Itemize expenses not covered				
	re. (List miscellaneous expenses in line 24e. If line amount exceeds 10% of line 25. column (A)				
amo	unt, list line 24e expenses on Schedule 0.)				
	TO EXPENSE	29,072.	29,072.		
	INTING AND COPYING	20,602.	12,535.		8,06
	STAGE	8,853.	3,918.	504.	4,43
I ON	LINE PLATFORM FEES	7,840.	1,860.		5,98
Allo	ther expenses	17,576.	17,028.	508.	4
Tota	I functional expenses. Add lines 1 through 24e	340,366.	281,267.	21,986.	37,11
Joint	t costs. Complete this line only if the organization				
repo	rted in column (B) joint costs from a combined				
	ational campaign and fundraising solicitation.				
	k here k if following SOP 98-2 (ASC 958-720)				

15210313 792194 583528.5

634,959. 837,330. 31

32

33

34

684,612. 868,148.

Form 990 (2018)

	BOLLUTO	F.T.F.PD	CAMPAIGN	INC.	
ce Sheet					

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

rt X	Balance Sheet					
	Check if Schedule O contains a response or not	te to any line	e in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			87,022.	1	133,121.
2	Savings and temporary cash investments			48,075.	2	49,380.
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			10.	4	10.
5	Loans and other receivables from current and fo					
	trustees, key employees, and highest compensation	ated employ	vees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disquali					
	section 4958(f)(1)), persons described in section	n 4958(c)(3)(l	B), and contributing			
	employers and sponsoring organizations of sect					
	employees' beneficiary organizations (see instr).				6	
7	Notes and loans receivable, net		Г		7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	928,733.			
b	Less: accumulated depreciation	10b	928,733. 243,289.	701,078.	10c	685,444.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line		12			
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			1,145.	15	193.
16	Total assets. Add lines 1 through 15 (must equ			837,330.	16	193. 868,148.
17	Accounts payable and accrued expenses			4,730.	17	3,443.
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to current and former					
	key employees, highest compensated employee					
	Complete Part II of Schedule L			40- 44	22	
23	Secured mortgages and notes payable to unrela			197,641.	23	180,093.
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	s 17-24). Co	mplete Part X of			
	Schedule D		····· -	000 001	25	
26				202,371.	26	183,536.
	Organizations that follow SFAS 117 (ASC 958		ere 🕨 🚺 and			
	complete lines 27 through 29, and lines 33 an	nd 34.		624 050		604 610
27	Unrestricted net assets			634,959.	27	684,612.
28	Temporarily restricted net assets		····· -		28	
29					29	
	Organizations that do not follow SFAS 117 (A	ASC 958), cł	heck here 🕨 🗌			
	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or ed	auipment fu	nd l		31	

Form 990 (2018)
Part X Balance

Assets

Liabilities

Net Assets or Fund Balances

31 32

33

34

Form 990 (2018) BUFFALO FIELD CAMPAIGN INC. 36-3964401 F	age 12
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) 1 390,	
2 Total expenses (must equal Part IX, column (A), line 25) 2 340,	366.
3 Revenue less expenses. Subtract line 2 from line 1 3 49,	<u>553.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 634,	959.
5 Net unrealized gains (losses) on investments 5	
6 Donated services and use of facilities 6	
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)) 10 684,	<u>512.</u>
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
Ye	s No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	X
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:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	X
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:	
Separate basis Consolidated basis Both consolidated and separate basis	
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.	
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? 3a	<u> </u>
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	

Form **990** (2018)

832012 12-31-18

SCH	IEDL	JLE A
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-	EZ)
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

1

Name	of	the	organization
------	----	-----	--------------

Nan	ne of	the organization						Employer	identification number
	BUFFALO FIELD CAMPAIGN INC. 36-3964401							6-3964401	
Pa	rt I	Reason for Public C	Charity Status (/	All organizations must co	omplete th	is part.) Se	e instructions	3.	
The	orgar	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b) (1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	port from o	contributio	ns, membersł	nip fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a through 12d that of	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	Ipporting
		organization. You must c	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in co	nnection v	ith its suppor	ted organiz	zation(s)
		that is not functionally inte	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
		_ requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supportion	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(iv) is the ora:	anization listed			
		i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See II	1311 40110113)	
Tota	ıl								
									1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990-EZ) 2018 BUFFALO FIELD CAMPAIGN INC. Part II

36-3964401 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	218,486.	284,426.	334,395.	313,004.	352,939.	1503250.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	218,486.	284,426.	334,395.	313,004.	352,939.	1503250.
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)						77,510.
	Public support. Subtract line 5 from line 4.						1425740.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	218,486.	284,426.	334,395.	313,004.	352,939.	1503250.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	22.	30.	24.	24.	24.	124.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	_	4 - 6 4		4 54 6	4 945	
	assets (Explain in Part VI.)	7.	1,524.	439.	1,710.	1,317.	<u>4,997.</u> 1508371.
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,		,			12	223,676.
13	First five years. If the Form 990 is for	-	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	. —
Sec	organization, check this box and stor ction C. Computation of Publi	o here	centage				
				a lu una (f))		44	94.52 %
	Public support percentage for 2018 (I					14 15	0.4.05
	Public support percentage from 2017						
108	33 1/3% support test - 2018. If the or stop here. The organization qualifies						N V
h	33 1/3% support test - 2017. If the c		•			or more check thi	
U							
170	and stop here. The organization qual 10% -facts-and-circumstances test		•••			und line 14 is 1004	
17 a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
h	10% -facts-and-circumstances test	-			-	7a and line 15 is ⁻	
L.	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio		•	•			
				,,,		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2018 BUFFALO FIELD CAMPAIGN INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
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		1		-1	1	1
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2017					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20)18 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b 33 1/3% support tests - 2017. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	ind
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
832023 10-11-18				Sch	edule A (Form 99	0 or 990-EZ) 2018
		15	5			

Schedule A (Form 990 or 990-EZ) 2018 BUFFALO FIELD CAMPAIGN INC.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

832024 10-11-18

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

36-3964401 Page 4

1

Yes No

Schedule A (Form 990 or 990-EZ) 2018

10a

10b

16

Schedule A (Form 990 or 990-EZ) 2018 BUFFALO FIELD CAMPAIGN INC. 36-3964401 Page 5 Part IV Supporting Organizations (continued) Supporting Organizations (continued) Support of the s

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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?	11a		
b	A family member of a person described in (a) above?	11b		
	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.	11c		
	tion 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.	1		
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.	2		
Sec	tion 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).	1		
Sec	tion D. All 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		<u> </u>
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	-		
<u> </u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a L	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
с 2	L The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a government entity (see instr</i> Activities Test. Answer (a) and (b) below.	uctions,	Yes	No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	
u	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		

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Schedule A (Form 990 or 990-EZ) 2018

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	(Form 990 or 990-EZ) 2018				
Part V	Type III Non-Functio	onally Integra	ated 509(a	a)(3) Supportii	ng Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) 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			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		
emergency temporary reduction (see instructions)			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 BUFFALO FIELD CAMPAIGN INC.

	rt V Type III Non-Functionally Integrated 509(nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
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	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	(Form 990 or 990-EZ) 2018 BUFFAI	LO FIELD	CAMPAIGN	INC.	36-3964401 Page
Part VI	Supplemental Information. Pr Part IV, Section A, lines 1, 2, 3b, 3c, 4l	ovide the explar o, 4c, 5a, 6, 9a, 9 ; Part IV, Sectior	nations required by 9b, 9c, 11a, 11b, a n E, lines 1c, 2a, 2t	/ Part II, line 10; Part I ind 11c; Part IV, Sect o, 3a, and 3b; Part V,	I, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V,
832028 10-11-	8				Schedule A (Form 990 or 990-EZ) 20
			20		

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

3	6	_	3	9	6	4	4	0	1	•
---	---	---	---	---	---	---	---	---	---	---

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

BUFFALO FIELD CAMPAIGN INC.

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

X 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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.

Name of organization

Page 2 Employer identification number

BUFFA	LO FIELD CAMPAIGN INC.	36	5-3964401
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,080.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$14,843.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

noncash contributions.)

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Employer identification number

36-3964401

BUFFALO FIELD CAMPAIGN INC.

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

	Noncash Froperty (see instructions). Use duplicate copies of Part i	i il additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

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ame of organiz	ation			Employer identification numbe
UFFALO	FIELD CAMPAIGN INC.			36-3964401
Part III Exc	lusively religious, charitable, etc., contribution	ons to organizations describe	d in section 501	c)(7), (8), or (10) that total more than \$1,000 for the yea
com	n any one contributor. Complete columns (a) pleting Part III, enter the total of exclusively religious, or	charitable, etc., contributions of \$1,0	Ine entry. For org	year. (Enter this info. once.) > \$
Use	e duplicate copies of Part III if additional s	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		
	Transferes's name address or			ationabia of transforms to transforms
_	Transferee's name, address, ar	<u>id ZIP + 4</u>	Rei	ationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, ar	nd ZIP + 4	Rel	ationship of transferor to transferee
a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
- -				
		(e) Transfer	of gift	
	Transferee's name, address, ar	nd ZIP + 4	Rel	ationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, ar	nd ZIP + 4	Rel	ationship of transferor to transferee
3454 11-08-18				Schedule B (Form 990, 990-EZ, or 990-PF) (20

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SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2018 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization

ING	ne of organization				Linbic	byer identification number
) FIELD CAMPAIGN IN				36-3964401
Pa	art I-A Complete if the org	ganization is exempt under	section 501(c) or	is a section 52	?7 org	anization.
2 3	Volunteer hours for political campa	tures lign activities			•	
Pa	art I-B Complete if the org	ganization is exempt under	section 501(c)(3)	•		
1	Enter the amount of any excise tax	incurred by the organization under	section 4955		.►\$.	
2	Enter the amount of any excise tax	incurred by organization managers	under section 4955		. ▶\$.	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 for	this year?			Yes No
4a	Was a correction made?					Yes No
_	If "Yes," describe in Part IV.					(2)
Pa	art I-C Complete if the org	ganization is exempt under	section 501(c), e	xcept section 5	01(c)	(3).
1	Enter the amount directly expende	d by the filing organization for section	on 527 exempt function	n activities	. ▶\$	
2	Enter the amount of the filing organ	nization's funds contributed to othe	r organizations for sect	ion 527		
	exempt function activities				▶\$	
3		s. Add lines 1 and 2. Enter here and				
	line 17b				▶\$	
4	Did the filing organization file Form	1120-POL for this year?				Yes No
5	Enter the names, addresses and en	nployer identification number (EIN)	of all section 527 politi	cal organizations to	which	the filing organization
	made payments. For each organiza	ation listed, enter the amount paid f	om the filing organizat	ion's funds. Also en	ter the	amount of political
	contributions received that were pl	romptly and directly delivered to a s	eparate political organi	ization, such as a se	≥parate	segregated fund or a
	political action committee (PAC). If	additional space is needed, provide	e information in Part IV			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f	from	(e) Amount of political
				filing organizatio	n's	contributions received and

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2018

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Schedule C (Form 990 or 990 EZ) 2018	BUFFALO FIE	LD CAMPAIGN	INC.		964401 Page 2
Part II-A Complete if the orga	anization is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).					
	-		Part IV each affiliated	group member's nam	e, address, EIN,
	e of excess lobbying e	• •			
B Check ▶ if the filing organizat	tion checked box A an	d "limited control" pro	visions apply.		(b) Affiliated group
	s on Lobbying Exper litures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (g	rass roots lobbying)			
b Total lobbying expenditures to influ	ence a legislative bod	y (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and 1b)				
d Other exempt purpose expenditure	s				
e Total exempt purpose expenditures	s (add lines 1c and 1d)				
f Lobbying nontaxable amount. Ente	r the amount from the	following table in both	n columns.		
If the amount on line 1e, column (a) or	r (b) is: The lob	bying nontaxable amo	ount is:		
Not over \$500,000	20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (en	er 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zer	o on either line 1h or l	ine 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this	/ear?				Yes No
(Some organizations th	at made a section 50	raging Period Under)1(h) election do not h ate instructions for lin	nave to complete all o	f the five columns b	elow.
	Lobbying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	51,168.	54,875.	53,003.		159,046.
b Lobbying ceiling amount (150% of line 2a, column(e))					238,569.
c Total lobbying expenditures	1,052.	200.	2,220.		3,472.
d Grassroots nontaxable amount	12,792.	13,719.	13,251.		39,762.
e Grassroots ceiling amount (150% of line 2d, column (e))					59,643.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

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Schedule C (Form 990 or 990-EZ) 2018 BUFFALO FIELD CAMPAIGN INC. 36-39644 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b	
	lobbying activity.	Yes	Νο	Amo	unt
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
i	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th	e prior year?	3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No," OR	(b) Part		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
-					
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
_	expenditure next year?				
5 Par	Taxable amount of lobbying and political expenditures (see instructions)	<u></u>	5		
	- app.	1			
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, IINES 1 a	nd 2 (see	
mstrt	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				

Schedule C (Form 990 or 990-EZ) 2018

832043 11-08-18

SCHEDULE [)
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Department of the Treasury

Internal Revenue Service

9 0)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

36-3964401

Name of the organization

BUFFALO FIELD CAMPAIGN INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

Par	t I Organizations Maintaining Donor Advised	I Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	vriting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor ad	dvisors 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?		Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed 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
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ire
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and enforcing conserva	tion easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• • •
	··· · · · · · · · · · · · · · · · · ·		N N
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• • •
b	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2018
	10-29-18		
		29	

Sche		FIELD CAMPA					964401	
Par	t III Organizations Maintaining Co	ollections of Art,	Historical Tre	easures, oi	r Other S	Similar Asse	ets _{(continu}	ued)
3	Using the organization's acquisition, accessio	n, and other records,	check any of the	following that	are a signi	ficant use of it	s collection i	tems
	(check all that apply):							
а	Public exhibition	d	Loan or exc	change progra	ims			
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain h	now they further th	he organizatio	n's exempt	t purpose in Pa	art XIII.	
5	During the year, did the organization solicit or	receive donations of	art, historical trea	sures, or othe	r similar as	sets		
	to be sold to raise funds rather than to be ma					r	Yes	No No
Par	t IV Escrow and Custodial Arrang	jements. Complete	e if the organizatio	on answered "	Yes" on Fo	orm 990, Part l'	V, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ry for contribution	s or other ass	ets not inc	luded		
	on Form 990, Part X?					[Yes	No No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	wing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2 ⁻	1, for escrow or cu	ustodial acco	unt liability?	?l	Yes	No No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete if		vered "Yes" on Fo					
	-	(a) Current year	(b) Prior year	(c) Two year	<u>s back</u> (d)	Three years ba	ck (e) Four y	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre		line 1g, column (a	l)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С	Temporarily restricted endowment							
	The percentages on lines 2a, 2b, and 2c should	-						
3a	Are there endowment funds not in the posses	sion of the organization	on that are held a	nd administer	ed for the c	organization	Г	
	by:							Yes No
	(i) unrelated organizations							
b	If "Yes" on line 3a(ii), are the related organizat						3b	
	t VI Land, Buildings, and Equipme		ment funds.					
Fai)	Deut V. Ke	- 10		
	Complete if the organization answered						(-1) D	
	Description of property	(a) Cost or oth basis (investme	• •	t or other (other)	• •	umulated eciation	(d) Book	value
4-	Land		,	.5,000.	uepie	Joiation	/15	,000.
	Land			<u>9,121.</u>	12	5,970.		,151.
	Buildings			• + 4 + , - , - , - , - , - , - , - , - , - ,		· · · · · · · · ·	203	, _ J
	Leasehold improvements		1 0	4,612.	11	7,319.	7	,293.
	Equipment			1 - ,014•	<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 493.
	Other			(0-)			685	,444.
TUTA	. Add lines 1a through 1e. (Column (d) must ec	iuai Form 990, Part X,	column (B), line 1	UC.)		Sobod	ule D (Form	
						Scheu		2001 2010

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Schedule D (Form 990) 2018 BUFFALO FIELD CAMPAIGN IN
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Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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

Schedule D (Form 990) 2018

832053 10-29-18

	dule D (Form 990) 2018 BUFFALO FIELD CAMPAIGN		36-3964401 Page
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d			
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.,)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expense	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>8.)</u>	
Pa	rt 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.

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SCHEDULE O (Form 990 or 990-EZ)

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Department of the Treasury Internal Revenue Service Name of the organization 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. ▶ Go to www.irs.gov/Form990 for the latest information.

Supplemental Information to Form 990 or 990-EZ



36-3964401

BUFFALO FIELD CAMPAIGN INC.

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

WILD BUFFALO HERD, AND TO PROTECT THE NATURAL HABITAT OF NATIVE

WILDLIFE IN THE GREATER YELLOWSTONE ECOSYSTEM BY WORKING WITH PEOPLE OF

ALL NATIONS TO HONOR THE SACREDNESS OF THE WILD BUFFALO. THE SECONDARY

PURPOSE OF THE BUFFALO FIELD CAMPAIGN IS TO PROMOTE AWARENESS OF AND

SOLUTIONS TO ENVIRONMENTAL, ECOLOGICAL, AND HUMAN RIGHTS ISSUES, AND

PROMOTE INFORMED CITIZENS PARTICIPATION IN ENVIRONMENTAL, ECOLOGICAL

AND HUMAN RIGHTS ISSUES THROUGH EDUCATION AND ADVOCACY.

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

BUFFALO.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: VISUALIZE, ORGANIZE, AND ACTUALIZE A WIDE RANGE OF INITIATIVES AIMED AT BRINGING PERMANENT PROTECTION TO THIS LAST WILD BISON POPULATION. A GOAL OF THE FRONTLINES BISON DEFENSE PROJECT IS TO PERMANENTLY PROTECT BISON MIGRATION ROUTES AND THE BISON'S RIGHT TO ACCESS THEM. THE ORGANIZATION CONVEY INFORMATION AND IMAGES GAINED THROUGH FIELD PATROLS, PUBLIC MEETINGS, AND RESEARCH TO CITIZENS ACROSS THE COUNTRY AND AROUND THE GLOBE.

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

BOARD MEMBERS, JUSTINE AND ROMAN SANCHEZ ARE MARRIED.

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

A COPY OF THE FORM 990 IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2018)83221110-10-18

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Schedule O (F	Form 990	or 990-EZ)	(2018)	
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BUFFALO FIELD CAMPAIGN INC.

Employer identification number 36-3964401

BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS AND DIRECTORS REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY

DURING A BOARD MEETING. THE OFFICERS AND DIRECTORS COMPLETE A CONFLICT OF

INTEREST DISCLOSURE QUESTIONNAIRE AND DISCUSS ANY POTENTIAL CONFLICTS OF

INTEREST THAT MIGHT EXIST. ALL OFFICERS AND DIRECTORS SIGN STATEMENTS

DISCLAIMING ANY CONFLICT OF INTEREST OR FULLY DESCRIBE ANY THAT DO EXIST.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 AND FORM 990-T ARE AVAILABLE FOR PUBLIC

INSPECTION UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

832212 10-10-18

Form 990-T	Exen		NDED TO NOVE nization Bus			ax Return		OMB No. 1545-0687
			nd proxy tax unde					0040
	For calendar year	r 2018 or other tax yea	ar beginning		, and ending			2018
Department of the Treasury			.irs.gov/Form990T for in					Open to Public Inspection for
Internal Revenue Service	1		rs on this form as it may				ę	501(c)(3) Organizations Only over identification number
A Check box if address changed	Name o	of organization (\lfloor	Check box if name cl	hanged	and see instructions.)		(Emple	oyees' trust, see ctions.)
B Exempt under section			LD CAMPAIGN					6-3964401
\mathbf{X} 501(c)(3)			n or suite no. If a P.O. box	k, see in	structions.			ted business activity code structions.)
408(e) 220(e) 408A 530(a)	PO .	BOX 957	vince, country, and ZIP or	r forsiar	a postal anda		-	
529(a)				5975			531	110
C Book value of all assets at end of year	-				•			
868,1	48. G Chec	k organization typ	e 🕨 🔀 501(c) corp	poration	501(c) trust	401(a)	trust	Other trust
H Enter the number of the	-		· · · · · · · · · · · · · · · · · · ·	1		the only (or first) un		
trade or business here	-					complete Parts I-V.		-
	-	end of the previou	us sentence, complete Pa	rts I and	l II, complete a Schedule	M for each additiona	al trade	or
business, then complete			offiliated group or a parag	t ouboi	diany controlled group?	► [s X No
If "Yes," enter the name			affiliated group or a paren	n-subsi	ulary controlled group?	► L	Ye	S A NO
J The books are in care of					Teleph	one number 🕨 4	06-	646-0070
Part I Unrelate					(A) Income	(B) Expenses	1	(C) Net
1a Gross receipts or sal	es							
b Less returns and allo	wances		c Balance ►	1c				
				2				
				3				
4a Capital gain net inco				4a				
			n 4797)	4b				
			ttach statement)	4c 5				
				6				
				7	5,926.	6,4	81.	-555.
			organization (Schedule F)	8				
9 Investment income of	of a section 501(c))(7), (9), or (17) o	rganization (Schedule G)	9				
				10				
11 Advertising income (Schedule J)			11				
					E 0.26	6.4	01	-555.
13 Total. Combine line Part II Deduction	s 3 through 12	on Elsowhor	e (See instructions fo	13	5,926.	6,4	οι.	-222.
			be directly connected			income.)		
14 Compensation of of	ficers, directors, a	and trustees (Sche	dule K)				14	
							15	
							16	
							17	
							18	
19 Taxes and licenses							19	
			rules)				20	
21 Depreciation (attack22 Less depreciation c	I FUIIII 4302) laimed on Schedu	Ile A and elsewher	e on return				22b	
							23	
							24	
							25	
26 Excess exempt exp	enses (Schedule I)					26	
27 Excess readership of	costs (Schedule J))					27	
							28	^
							29	0.
			loss deduction. Subtract				30	-555.
	-		ginning on or after Januar m line 30	-	, ,		31 32	-555.
823701 01-09-19 LHA F							52	Form 990-T (2018)

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Form 990-T		BUFFALO FIELD CAM				36-39	64401		Page 2
Part I		otal Unrelated Business Taxa							
		of unrelated business taxable income comp					33	_	555.
34	Amou	nts paid for disallowed fringes					34		
35	Dedu	ction for net operating loss arising in tax yea	rs beginning before Janua	ary 1, 2018 (see in	structions)	STMT 2	35		0.
36	Total	of unrelated business taxable income before	specific deduction. Subtr	act line 35 from th	ne sum of				
	lines	33 and 34					36		555.
37	Speci	fic deduction (Generally \$1,000, but see line					37	1,	000.
38	Unrel	ated business taxable income. Subtract lir	ne 37 from line 36. If line 3	37 is greater than I	line 36,				
	enter	the smaller of zero or line 36					38	_	555.
Part I	v 1	ax Computation							
39	Orgar	izations Taxable as Corporations. Multiply	/ line 38 by 21% (0.21)			►	39		0.
		Taxable at Trust Rates. See instructions f							
		Tax rate schedule or 🛛 🗌 Schedule D (F	orm 1041)			►	40		
41		tax. See instructions					41		
42	Altern	ative minimum tax (trusts only)					42		
43	Tax o	n Noncompliant Facility Income. See instru	uctions				43		
		Add lines 41, 42, and 43 to line 39 or 40, w	ممثل مسم بيمينه مامثمار				44		0.
Part V	1	ax and Payments							
45 a	Foreig	n tax credit (corporations attach Form 1118	; trusts attach Form 1116)	45a				
b	Other	credits (see instructions)			45b				
C	Gener	al business credit. Attach Form 3800			45c				
		for prior year minimum tax (attach Form 88							
е	Total	credits. Add lines 45a through 45d					45e		
46		and Rose All a Assess Rose AA					46		0.
		taxes. Check if from: 🔄 Form 4255 📃							
48	Total	tax. Add lines 46 and 47 (see instructions)					48		0.
		net 965 tax liability paid from Form 965-A o							0.
50 a	Paym	ents: A 2017 overpayment credited to 2018			50a				
b	2018	estimated tax payments							
		eposited with Form 8868							
		n organizations: Tax paid or withheld at sou							
e	Backı	p withholding (see instructions)			50e				
f	Credit	for small employer health insurance premi	ums (attach Form 8941)		50f				
g	Other	credits, adjustments, and payments:	Form 2439						
		Form 4136	Other	Total	► 50g				
51	Total	payments. Add lines 50a through 50g					51		
52	Estim	ated tax penalty (see instructions). Check if	Form 2220 is attached 🕨	• 🔲			52		
53	Tax d	ue. If line 51 is less than the total of lines 48	3, 49, and 52, enter amour	nt owed		►	53		
54	Overp	ayment. If line 51 is larger than the total of	lines 48, 49, and 52, enter	r amount overpaid	l	►	54		
		the amount of line 54 you want: Credited to				Refunded 🕨 🕨	55		
Part V	/ 5	Statements Regarding Certair	n Activities and Ot	ther Informa	tion (see ir	nstructions)			
56		\prime time during the 2018 calendar year, did the	•	•		•		Ye	es No
		financial account (bank, securities, or othe	, .	•					
	FinCE	N Form 114, Report of Foreign Bank and Fir	ancial Accounts. If "Yes,"	enter the name of	the foreign cou	untry			
	here	·							<u> </u>
57	Durin	g the tax year, did the organization receive a	distribution from, or was	it the grantor of, o	or transferor to	, a foreign trust?			<u> </u>
		s," see instructions for other forms the organ	•						
58		the amount of tax-exempt interest received	U						
Sign		der penalties of perjury, I declare that I have examine rect, and complete. Declaration of preparer (other th					leage and beli	ei, it is true,	
Here			1				May the IRS d	iscuss this retu	ırn with
nere		Signature of officer	Date	TREAS	URER			hown below (se	
		•		Title	_		instructions)?	Yes	X No
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Paid						self- employe	d		
Prepa									
Use O	nly	Firm's name				Firm's EIN	•		
		Firm's address				Phone no.			T /- 1 1
823711 01-	09-19			26				Form 990-	• (2018)

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Schedule A - Cost of Goods	Sold. Enter	method of invento	ory valuation 🕨 N/A					
1 Inventory at beginning of year	1		6 Inventory at end of yea	ır		6		
2 Purchases	2	ine 6						
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs			line 2		7			
(attach schedule)	4a		8 Do the rules of section	with respect to		Yes	No	
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b			the organization?					
Schedule C - Rent Income (F	rom Real	Property and	Personal Property L	.eased	d With Real Prope	erty)		
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)					I			
		ed or accrued			3(a) Deductions directly of	connected with th	ie income in	1
(a) From personal property (if the percent rent for personal property is more that 10% but not more than 50%)	itage of an	` of rent for pe	d personal property (if the percenta rsonal property exceeds 50% or if is based on profit or income)	ge	columns 2(a) and	d 2(b) (attach sch	edule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns 2(a here and on page 1, Part I, line 6, column (A	A)	►		Ο.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	►		Ο.
Schedule E - Unrelated Debt-	-Financed	Income (see in	nstructions)					
			2. Gross income from		3. Deductions directly connect to debt-finance		cable	
1. Description of debt-finan	ced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		er deduction	S
				s	TATEMENT 3	STATE	,	4
(1) RENTAL CABIN INCO	ME		17,450.		5,000.		14,0	83.
(2)			•		•			
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 5	of or a debt-fina	adjusted basis illocable to need property Schadula MENT 6	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6	able deducti x total of col 1) and 3(b))	
(1) 46,690.	DINIE	137,500.	33.96%		5,926.		6,4	81.
(2)		13773000	<u> </u>		375201		•,1	<u>• • •</u>
(3)			%					
(4)			%					
			/0		nter here and on page 1, Part I, line 7, column (A).		and on page 7, column (
Totals			►		5,926.		6,4	81.
Total dividends-received deductions inclu	uded in columr			L	•	1	-,-	0.

Form **990-T** (2018)

823721 01-09-19

15210313 792194 583528.5

Form 990-T (2018) BUFFAL	O FIE	LD CAM	IPAIGI	N INC	•				<u>36-39</u>	<u>6440</u>	1	Page 4
Schedule F - Interest, A	Annuitie	s, Royalt	ties, and	d Rents	From Co	ntrolle	d Organiza	tions	see ins	structio	ns)	
				Exempt	Controlled O	rganizati	ons					
1. Name of controlled organization	tion	2. Emp identific numl	cation	3. Net un (loss) (see	related income e instructions)	4. To pay	tal of specified ments made	includ	rt of column 4 led in the cont ation's gross	rolling	6. Deductions direct connected with incount in column 5	ctly ome
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organi												
7. Taxable Income		Inrelated incom see instructions		9. Total	of specified pay made	ments	10. Part of colur in the controlli gross	nn 9 tha ng orgar s income	nization's		eductions directly conr th income in column 10	
_(1)												
_(2)												
_(3)												
(4)												
_(4)												
							Add colun Enter here and line 8, c		e 1, Part I,		Add columns 6 and 11. here and on page 1, Pa line 8, column (B).	art I,
Totals									0.			0.
Schedule G - Investme	nt Incor	no of a S	ection	501(c)(7	7) (9) or (17) Ord	nanization					
	ructions)			501(0)(1	, (3), 01 (gamzation					
	cription of inco	ome			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set- (attach s	asides	5. Total deduc and set-asi (col. 3 plus c	ides
(1)							(attach sched	ule)			(coi. 3 plus c	01. 4)
(1)												
(2)												
(3)												
(4)												
					Enter here and Part I, line 9, co	olumn (A).					Enter here and on Part I, line 9, colur	mn (B).
Totals				>		0.						0.
Schedule I - Exploited (see instru	-	Activity	Income	e, Other	Than Adv	/ertisir	ig Income					
1. Description of exploited activity	unrelated incom	Gross I business ne from business	directly c with pro of unr	penses connected oduction related s income	4. Net incor from unrelated business (co minus colum gain, comput through	d trade or blumn 2 n 3). If a e cols. 5	 Gross inco from activity t is not unrelat business inco 	hat ed		censes table to mn 5	7. Excess exe expenses (colu 6 minus colum but not more t column 4).	umn nn 5, than
(1)												
(2)												
(3)	1											
(4)												
	page 1	re and on I, Part I, col. (A).	page 1	re and on , Part I, col. (B).							Enter here an on page 1, Part II, line 2	,
Totals 🕨		0.		Ο.								Ο.
Schedule J - Advertisi	ng Incor		nstruction									
Part I Income From					solidated	Basis						
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col. 3). If a g		5. Circulat		6. Read		7. Excess reader costs (column 6 m column 5, but not	ninus more
					cols. 5 t	hrough 7.					than column 4).
(1)												
(2)												
(3)												
(4)												

		0	•
000	т	(0.0.4	~

Form **990-T** (2018)

823731 01-09-19

Totals (carry to Part II, line (5))

0.

►

0.

Form 990-T (2018) BUFFALO FIELD CAMPAIGN INC.

%

►

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	 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.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).	-				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) 🕨	0.	0.					0.
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees (see ir	structions)			
1. Name			2. Title	time d	rcent of evoted to iness		pensation attributable nrelated business
(1)					%		
(2)					%		
(3)					%		

(4)

Total. Enter here and on page 1, Part II, line 14

0.

Form 990-T (2018)

BUFFALO FIELD CAMPAIGN INC.

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

RENTAL INCOME ON DEBT FINANCED PROPERTY

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/08	9,343.	0.	9,343.	9,343.
12/31/09	8,849.	Ο.	8,849.	8,849.
12/31/10	5,006.	0.	5,006.	5,006.
12/31/11	519.	Ο.	519.	519.
12/31/12	877.	0.	877.	877.
12/31/13	1,623.	0.	1,623.	1,623.
12/31/14	6,948.	0.	6,948.	6,948.
12/31/15	2,767.	0.	2,767.	2,767.
12/31/16	5,070.	0.	5,070.	5,070.
12/31/17	2,040.	0.	2,040.	2,040.
NOL CARRYON	VER AVAILABLE THIS	YEAR	43,042.	43,042.

FORM 990-T SO	CHEDULE E - DEPRECIA	ATION DEDUC	FION	STATEMENT 3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION EXPENSE	- SUBTOTAL	- 1	5,000.	5,000.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(A)		5,000.

FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL CABIN EXPENSES	- SUBTOTAL -	1	14,083.	14,083.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(B)		14,083.

-

FORM 990-T	AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT 5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISI DEBT-FINANCED P	TION DEBT ALLOCABLE TO ROPERTY - SUBTOTAL -	- 1	46,690.	46,690.
TOTAL OF FORM 9	90-T, SCHEDULE E, COLUMN	4		46,690.

-

FORM 990-T	90-T AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY			STATEMENT 6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTEI DEBT-FINANCED PI	D BASIS ALLOCABLE TO ROPERTY - SUBTOTAL -	- 1	137,500.	137,500.
TOTAL OF FORM 99	90-T, SCHEDULE E, COLUMN	5		137,500.

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for each	return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyir	ng number
Type of print	r Name of exempt organization or other filer, see instru	uctions.		Employe	Employer identification number (EIN) o	
	BUFFALO FIELD CAMPAIGN INC	•		36-3964401		
File by the due date f filing your	or Number, street, and room or suite no. If a P.O. box, s		ions.	Social se	curity numbe	er (SSN)
return. Se instructior	e or t Name of exempt organization or other filer, see instructions. Er y the tate for N see circles BUFFALO FIELD CAMPAIGN INC. Set Number, street, and room or suite no. If a P.O. box, see instructions. Set Y the tate for N see circles Number, street, and room or suite no. If a P.O. box, see instructions. Set Y the Set Number, street, and room or suite no. If a P.O. box, see instructions. Set Y the Set OD BOX 957 Set Victor Code for not see instructions. Y the Return Code for the return that this application is for (file a separate application for each return) Ilication Return Application or 0 Form 990-T (corporation) n 990 or Form 990-EZ 01 Form 4720 (other than individual) n 4720 (individual) 03 Form 4720 (other than individual) n 990-T (csc. 401(a) or 408(a) trust) 05 Form 8870 THE ORGANIZATION Form 8870 THE ORGANIZATION the organization does not have an office or place of business in the United States, the other this so raise for of roup Return, enter the organization's four digit Group Exemption Number (GEN)					
Enter th	ne Return Code for the return that this application is for (fi	le a separat	te application for each return)			
Applica	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
 If the If this box 1 the the	e organization does not have an office or place of busines s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright request an automatic 6-month extension of time until ne organization named above. The extension is for the org \overleftarrow{X} calendar year 2018 or \overleftarrow{x} tax year beginning	Group Exe and atta NOVEM ganization's , an	ited States, check this box	If this is fo f all memb	r the whole g ers the exten npt organizati	sion is for.
), or 6069, e	enter the tentative tax, less	3a	\$	0.
b lf	this application is for Forms 990-PF, 990-T, 4720, or 606					0.
_	stimated tax payments made. Include any prior year over			<u>3b</u>	\$	0.
	alance due. Subtract line 3b from line 3a. Include your p	•		0-	¢	0.
	sing EFTPS (Electronic Federal Tax Payment System). Se			<u>3c</u>	\$ d Form 8870	
instruct			•	+JJ-EO an		
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ictions.		Form 8	868 (Rev. 1-2019)

823841 12-19-18

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyir	ig number	
Type or print	r Name of exempt organization or other filer, see instru	uctions.		Employe	Employer identification number (EIN) o		
	BUFFALO FIELD CAMPAIGN INC	•			36-3964401		
File by the due date f filing your	or Number, street, and room or suite no. If a P.O. box, s		ions.	Social se	ocial security number (SSN)		
return. See instructior	e or it Name of exempt organization or other filer, see instructions. Er BUFFALO FIELD CAMPAIGN INC. Number, street, and room or suite no. If a P.O. box, see instructions. Set Number, street, and room or suite no. If a P.O. box, see instructions. Set PO BOX 957 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Set Victores. City, town or post office, state, and ZIP code. For a foreign address, see instructions. WEST YELLOWSTONE, MT 59758 ar the Return Code for the return that this application is for (file a separate application for each return) Im Name of exemption provide a separate application for each return) Im Mication Return Application or Code Is For n 990 or Form 990-EZ 01 Form 990-T (corporation) n 990-BL 02 Form 1041-A m 4720 (individual) 03 Form 4720 (other than individual) n 990-FF 04 Form 5227 n 990-T (trust other than above) 06 Form 8069 m 990-T (trust other than above) 06 Form 6069 retephone No. 406-646-0070 Fax No. retephone No. 406-646-0070						
Enter th	e Return Code for the return that this application is for (fi	ile a separat	e application for each return)				
Applica	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9	90-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	90-T (trust other than above)	06	Form 8870			12	
 If the If thi box 1 I the the<th>e organization does not have an office or place of busines s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright request an automatic 6-month extension of time until ne organization named above. The extension is for the org \overleftarrow{X} calendar year 2018 or \overleftarrow{x} tax year beginning the tax year entered in line 1 is for less than 12 months, or</th><th>Group Exe</th><th>ted States, check this box</th><th>If this is fo f all memb</th><th>r the whole g ers the exten npt organizati</th><th>sion is for.</th>	e organization does not have an office or place of busines s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright request an automatic 6-month extension of time until ne organization named above. The extension is for the org \overleftarrow{X} calendar year 2018 or \overleftarrow{x} tax year beginning the tax year entered in line 1 is for less than 12 months, or	Group Exe	ted States, check this box	If this is fo f all memb	r the whole g ers the exten npt organizati	sion is for.	
), or 6069, e	enter the tentative tax, less	3a	\$	0.	
b lf	this application is for Forms 990-PF, 990-T, 4720, or 606					0.	
	stimated tax payments made. Include any prior year over			<u>3b</u>	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your p	•		3c	\$	0.	
	sing EFTPS (Electronic Federal Tax Payment System). Se n: If you are going to make an electronic funds withdrawa						
instruct	ions.		,				
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ictions.		Form 8	868 (Rev. 1-2019)	