EXTENDED TO NOVEMBER 16, 2020

90

(Rev. January 2020)

Department of the Treasury

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.

2019
Open to Public Inspection

OMB No. 1545-0047

A For the 2019 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change BUFFALO FIELD CAMPAIGN INC. Name change 36-3964401 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 406-646-0070 PO BOX 957 638,728. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return WEST YELLOWSTONE, MT 59758 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: IRIS OWEN for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.BUFFALOFIELDCAMPAIGN.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Other > L Year of formation: 1994 M State of legal domicile: MT Association Part I Summary Briefly describe the organization's mission or most significant activities: THE PRIMARY PURPOSE OF THE Governance BUFFALO FIELD CAMPAIGN IS TO STOP THE SLAUGHTER OF YELLOWSTONE'S if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 18 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 -2,814. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 -902.7h **Prior Year Current Year** 352,939. 577,545. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. Program service revenue (Part VIII, line 2g) 24. 25. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 37,056. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20,693. 11 390,019. 598,263. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 550. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 171,109. 189,284. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 169,257. 194,201. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 384,035. 340,366. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 49,653. 214,228. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 868,148. 1,064,712. Total assets (Part X, line 16) 183,536. 165,872. 21 Total liabilities (Part X, line 26) 三年 684,612. 898,840 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign IRIS OWEN, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Paid self-employed Preparer Firm's EIN ▶ Firm's name Use Only Firm's address Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

	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. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	· · · · · · · · · · · · · · · · · · ·
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 192,502. including grants of \$ 550.) (Revenue \$
	FRONTLINES DEFENSE OF YELLOWSTONE BISON - BUFFALO FIELD CAMPAIGN'S CORE
	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 \$109,003. 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:
<u>4</u> c	(Code:) (Expenses \$ 22,789 • including grants of \$) (Revenue \$
70	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.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 324,294.
	000

Form **990** (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		<u>X</u>
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			7.7
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		<u> </u>
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		$\frac{x}{x}$
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	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			v
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	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		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		Х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		Х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		-21
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		-21
19	,	19		Х
20-	complete Schedule G, Part III	20a		X
20a h	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<u>~ 1</u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	domestic government out ratery, column (-y, interest in test complete scriedule i, Parts rand ii	<u> </u>		

Form 990 (2019) BUFFALO FIELD CAMPAIGN INC.
Part IV Checklist of Required Schedules (continued)

	(GOTTATAGE)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			77
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		Х
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		Х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	ļ		
02	•	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
	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		<u> </u>
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	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1 -		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	
932004	¥ 01-20-20	Form	990 (2019)

019) BUFFALO FIELD CAMPAIGN INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) 36-3964401 Page **5** Form 990 (2019) Part V

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N.						Yes	No			
bill fall least one is reported on line 2a, did the organization file all required faderal employment tax returns? Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions) 3a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Note: If the sum of lines 1a and 2a is greater than 250, you may be required tofile_(see instructions)		filed for the calendar year ending with or within the year covered by this return	2a	18						
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes", has if their a form 8090-Tr of this year? If "No" to line 3b, provide an explanation on Schedule O b if "Yes", and it field a form 8090-Tr of this year? If "No" to line 3b, provide an explanation on Schedule O b if "Yes", and it field a form 8090-Tr of this year? If "No" to line 3b, provide an explanation on Schedule O b if "Yes", and it field a form 8090-Tr of this year? If "No" to line 3b, provide an explanation on Schedule O b if "Yes", and it field a form 8000-Tr of this year? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account; 9. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X				
b if Yes, * has it flied a Form 990-T for this year? f *No* to line 3b, provide an explanation on Schedule O 44 At any time during the calendary 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; searchies account, or other financial account; or the financial account; or the summer of the foreign country (such as a bank account; searchies account, or other financial account; or the financial accounts (FBAR). 55 Was the organization a party to a prohibitot as shelter transaction at any time during the tax year? 58 Was the organization and party to a prohibitot as shelter transaction at any time during the tax year? 59 Did any taxable party nority the organization file Form 8886-1? 50 Us any contributions that were not tax deductible as charitable contributions? 50 Us if Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 70 Organizations that may receive deductible contributions under section 170(c). 80 Us the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 72 Us if Yes,* did the organization notify the donor of the value of the gloods or services provided? 72 Us if Yes,* did the organization every a pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 73 Y X 74 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 75 If Y X 76 If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 Y X 77 If Y X 78 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 79 Y X 79 If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 79 Y X 79 If the organization received any funds, directly or indirectly		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
4a 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 (FBAP). 5b In "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAP). 5c Was the organization thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 5c Was the organization have any object to a prohibited that where the property of the organization the organization than the organization the organization 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? 5c 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? 5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9d Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 8282 filed during the year and the payor? 9d If "Yes," indicate the number of Forms 8282 filed during the year and the payor of the walked of the goods or services provided? 9d If "Yes," indicate the number of Forms 8282 filed during the year? 9d If the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 9d If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 9d If the organization received any fundamental property	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х				
financial account in a foreign country	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O		3b	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). So Was the organization a party to a prohibited tax sheller transaction? So Was the organization to the organization filing Form B8867? So Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit arry contributions that were not tax deductible as charitable contributions? So Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit arry contributions that were not tax deductible as charitable contributions? So Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If "Yes," did the organization notify the donor of the value of the goods or services provided to the paper? If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the paper? If "Yes," did the organization in receive a payment in excess of \$75 made partly as a contribution of property for which it was required to file Form 8282? If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Wes, "If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?" If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? Sonosoring organization have excess business holdings at any time during the year? Sonosoring organization have excess business holdings at any time during the year? Sonosoring organization have excess business holdings at any time during the year? Section \$501(c)(7) organizations make any taxable distribut	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	ıuthori	ty over, a						
See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax shelter transaction? 5 C If "Yes" to line 5 aor 55, did the organization file Form 8886 F7? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization social any contributions that twere not tax deductible as charitable contributions? 6 Jif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). 8 Jif "Yes," did the organization notify the donor of the value of the goods or services provided? 8 Jif "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Joff the Form 8822? 10 Jif the organization receive an apmantal measure of tangible personal property for which it was required to the Form 8822 filed during the year 10 Jif the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 10 Septimization services and contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 10 Section 901(fyl) organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 10 Joff the sponsoring organization make any taxibile distributions under section 4966? 9 Septions organization make any taxibile distributions under section 4966? 9 Section 901(fyl) organizations. Enter: 10 Jogo Jord Hamber Section 1001(fyl) organizations in Section 1001(fyl) organizations in Section 1001(fyl) organizations in Section 1001(fyl) organization make any taxibile distributions under section 4966?		financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	t)?	4a		X			
5.8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5.9 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5.0 Lax or 1 Yeas* to line 5a or 5b, did the organization file Form 8880.77 5.0 Boss 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? 5.0 Lax organization that may receive deductible contributions? 5.0 Lax organization that may receive deductible contributions and party for goods and services provided to the payor? 5.0 Lid the organization notify the donor of the value of the goods or services provided? 6.0 Lid the organization notify the donor of the value of the goods or services provided? 6.0 Lid the organization notify the donor of the value of the goods or services provided? 6.0 Lid the organization notify the donor of the value of the goods or services provided? 6.0 Lid the organization notify the donor of the value of the goods or services provided? 7.0 Lid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 882? 7.0 Lid the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7.1 Lid to the organization received a contribution of qualified intellectual property, did the organization flie Form 8890 as required? 7.1 Lid to organization received a contribution of qualified intellectual property, did the organization flie Form 8890 as required? 7.1 Lid the organization make any taxable distributions under section 4966? 7.1 Section 501(c)(7) 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? 8.1 Section 501(c)(7) organizations. Enter: 8.1 Intellect the sponsoring organization make a distribution to a donor,	b	b If "Yes," enter the name of the foreign country								
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line 5 a or 5b, did the organization file Form 8886-T7 8 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? 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a pyment in excess of \$57 made party as a contribution and partly for goods and services provided to the payor? 8 Did the organization notify the donor of the value of the goods or services provided? 9 Did the organization onesil, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 10 Did the organization onesil, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 11 Did the organization or cereive any funds, directly or indirectly, on a personal benefit contract? 12 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 13 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 14 Did the sopnosoring organization make a distribution of a donor advised funds. 15 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund with the organization funds and part of the property of the proposition graphical form and part of the property of the prope		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
to if "Yes" to line 5a or 5b, did the organization file Form 8886.T? 63 Dose the organization have annual giross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 64 Street, "If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 75 Organizations that may receive deductible contributions under section 170(c). 86 Justice of the organization notify the donor of the value of the goods or services provided? 76 Justice of the organization notify the donor of the value of the goods or services provided? 76 Under organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 77 In "Yes," indicate the number of Forms 8282 filed during the year 88 Justice of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 99 To bid the organization received any funds, directly or indirectly, on a personal benefit contract? 90 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 91 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 92 Sponsoring organization make a contribution of acis, boats, simplenes, or other vehicles, did the organization file a Form 1098-C? 93 Sponsoring organization make any taxable distributions under section 4968? 94 Sponsoring organization make any taxable distributions under section 4968? 95 Section 501(c)(12) organizations. Enter: 96 In Intelligent of the sponsoring organization make a distribution to a donor, donor advisor, or related person? 97 Section 501(c)(12) organizations. Enter: 98 Intelligent of the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make										
Be 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5 If "Yes," indicates the number of Forms 8282 filed during the year 6 Did the organization on the number of Forms 8282 filed during the year 7 If If Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 If X If the organization received and contribution of qualified intellectual property, did the organization file Form 8399 as required? 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8399 as required? 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organizations make any taxable distributions under section 4966? 9 Sponsoring organizations make any taxable distributions under section 4966? 10 Section 501(c)(7) organizations included on Part VIII, line 12 10 Gross income from other sources (00 not net amounts due or paid to other sources against amounts due or received from them.) 11 Section 501(c)(22) qualified nonprofit health insurance issuers. 11 Section 501(c)(22) qualified nonprofit health plans in more than one state? Note:	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X			
any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). b If "Yes," did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tanglible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? S Sponsoring organization make any taxable distributions under section 4966? D Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(2) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders f Yes, "eater the amount of tax exempt interest received or accrued during the year g Gross income from members or shareholders b If "Yes," enter the amount of reserves the organization is plane to state organization is licensed to issue qualified health plans in more than one state? Note: See the instructions for additional inform	С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Ibit the organization seties a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10 If "Yes," indicate the number of Forms 8282 filed during the year 10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 12 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 13 Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 13 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 14 Section 501(c) organization sanitatining donor advised funds. 15 Did the sponsoring organization make a visable distributions under section 4966? 16 Section 501(c) organization make and stribution to a donor, donor advised fund maintained by the sponsoring organization make and stribution to a donor, donor advisor, or related person? 16 Did the sponsoring organizations. Enter: 18 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 19 Section 501(c)(2) organizations. Enter: 19 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 19 Section 501(c)(29) qualified honorfit health plans in more than one s	6a		-							
were not tax deductible? Toganizations that may receive deductible contributions under section 170(c). 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? To				i i	6a		<u>X</u>			
7 Organizations that may receive deductible contributions under section 170(c). a bild the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? bild the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e bild the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f bild the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? f bild the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? f life organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8999 as required? 7 Th 17 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organizations. Enter: initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12 F organization in the sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(29 organizations. Enter: Gross income from members or shareholders b If "Yes," enter the amount of reserves the organization is more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount	b			ĭ I						
a 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? b if "Yes," did the organization on the value of the young of services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Pid the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 77 X 78 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 77 X 78 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 79 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: 1 Initiation fees and capital contributions included on Part VIII, line 12 1 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2 Section 501(c)(12) organizations. Enter: 3 Section 501(c)(12) organizations. Enter: 4 Section 4947(a)(1) non-exempt charitable trusts. Is the organization fliing Form 990 in lieu of Form 1041? 12a Section 4947(a)(1) non-exempt charitable trusts is in which the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 5 Enter the amount of reserves the organization is required to mai					6b					
b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? To X d If "Yes," indicate the number of Forms 8282 filed during the year E Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining donor advised funds. B Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? B Coros receipts, included on Form 990, Part VIII, line 12 Did the sponsoring organization make a distribution to a donor, donor advised, or related person? Section 501(c)(7) organizations. Enter: Gross income from members or shareholders Did the sponsoring organization make any taxable distributions under section 4966? B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) B Section 501(c)(2) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) B Section 501(c)(2) organizations included on Part VIII, line 12 B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) B Section 501(c)(2) quali	7	•					77			
to file Form \$282? At If Yes, "enter the amount of tax-exempt interest received or payments" of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282? At If Yes, "enter the amount of reserves on hand 13a Where See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves on hand 15 List he organization subject to the section 4960 tax on payment(s) of more than \$\$1,000,000 in remuneration or execused payment(s) during the year? 15 List he organization and file Form 720. Section 4960 tax on payment(s) of more than \$\$1,000,000 in remuneration or execuse payment(s) during the year? 16 List he organization subject to the section 4968 excise tax on net investment income? 17 A X 18 A Th	a			· · · · · ·			X			
to file Form 8282? d				i i	7b					
d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7	С						v			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 bid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 bid the organization received a contribution of qualified intellectual property, did the organization file of Form 8999 as required? 8 bif the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 10 bid the sponsoring organization make any taxable distributions under section 4966? 9 bid the sponsoring organizations. Enter: 10 a linitiation fees and capital contributions included on Part VIII, line 12 11 Section 501(c)(7) organizations. Enter: 2 a Gross income from members or shareholders 3 a Gross income from members or shareholders 2 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b limb section 501(c)(12) organizations. Enter: 2 a Gross income from received from them.) 12 a Section 501(c)(12) organization included on Part VIII, line 12, for public use of club facilities 11 b limb section 501(c)(12) organization of the section 4968 excise tax on net from 1041? 12 b lif "Yes," enter the amount of tax exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 13 c life if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14 b life is the organization subject to the se			ı	 	/C					
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7h S Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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				<u> </u>	7.		Y			
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? 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? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10c 11a 10a 10b 11b 12a 11b 12a 11b 12b 13c 14a 14a 15b 15c 15c 15c 15c 16c 15c 17es, *enter the amount of tax-exempt interest received or accrued during the year 12b 13c 13c 13c 13c 14a 15b 16f 17es, *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 15c 15c 17ex 17ex 18b 17ex 18c 19c 19c 19c 19c 19c 19c 19c	_									
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 Desponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization she and capital parable taxable taxable taxable distributions under section 4960 taxable taxabl										
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? 3 Did the sponsoring organization make any taxable distributions under section 4966? 4 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 5 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 5 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Did 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders 11 Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 10 Did 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders 11 Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 11 Initiation fees and capital contributions included on Part VIII, line 12 12 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 12 Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 12 Initiation ferometrom members or shareholders 13 Section 501(c)(12) organization them) 14 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 16 Initiation fees and capital contributions and file health plans in more than one state? 18										
sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," has it filed a Form 720 to report these payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax o	_									
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12										
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10a b Gross income from members or shareholders 11a 12a Gross income from other sources (Do not net amounts due or paid to other sources against 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? b 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 13a 13b c Enter the amount of reserves on hand 13c 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 on 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.	9									
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 1 Is set organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 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 on Schedule O 14b 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.					9a					
section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11c Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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.	_									
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b c 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 on Schedule O 14b 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.	10									
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 112a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b If sthe 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 16 If "Yes," see instructions and file Form 4720, Schedule N.	а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
b Gross income from other sources (Do not net amounts due or paid to other sources against 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 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 16 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	11	Section 501(c)(12) organizations. Enter:								
amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 13a Note: See the instructions for additional information the organization must report on Schedule O. 15 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 15 C Enter the amount of reserves on hand 16 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 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	а	Gross income from members or shareholders	11a							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 16 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15b 15b 15c	b	Gross income from other sources (Do not net amounts due or paid to other sources against								
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X										
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			ı	?	12a					
a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 15 X			12b							
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X										
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	а	-			13a					
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X										
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	b		امد ا	ı						
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 on 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. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	_									
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X				1	140		X			
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? 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? 18 X				i i		$\vdash \vdash \vdash$	77			
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 15 X X					140					
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	13				15		х			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					.5					
,	16		incon	ne?	16		Х			
	-	·								

Form **990** (2019)

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
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	_		
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
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
7a	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	۰		
<i>1</i> a	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a		- 21
b		7b		Х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		21
8		0-	Х	
a	The governing body?	8a	X	
a	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vaa	Na
10-	Did the examination have level charters branches as effiliates?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		-22
b		10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	21	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a		12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	- 21	
С	,	12c	х	
12	in Schedule O how this was done	13	- 21	Х
13	Did the organization have a written whistleblower policy?	14	Х	- 21
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?			
_		450		Х
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a		X
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		- 22
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		21
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	IOD		
17 18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s Only)	availal	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	only)	avalidi	JI C
10	(-	l finar	oial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı ıırıano	iai	
00	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			
	TO DOW 221' MEST TEHHOMSTOME' HT 32/20			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c unle	ss per	itior more son i	than o s both r/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL MEASE	25.00							15.000	•	•
BOARD MEMBER	F 00	Х						17,280.	0.	0
(2) JUSTINE SANCHEZ	5.00	3,7		37					0	0
PRESIDENT (3) KASI CROCKER	3.00	Х		Х				0.	0.	0
SECRETARY	3.00	Х		х				0.	0.	0
(4) IRIS OWEN	1.00	^		Δ				0.	0.	U
TREASURER	1.00	Х		Х				0.	0.	0
(5) ROMAN SANCHEZ	1.00			- 22				•	•	
BOARD MEMBER		х						0.	0.	0
(6) WHITNI NELSON	1.00									
BOARD MEMBER		Х						0.	0.	0
(7) JAMES HOLT	40.00									
EXECUTIVE DIRECTOR				Х				16,806.	0.	0
		_								
		-								

Form **990** (2019)

	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than o box, unless person is both officer and a director/trustr			than dis both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	- 1	(F) Estimat amount	of	
		(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensa from th organizat and relat organizati		ation ne tion ted
	btotal tal from continuation sheets to Part V							▶	34,086.	0			0.
d To	tal (add lines 1b and 1c)							<u> </u>	34,086.	000 of reportable	•		0.
	mpensation from the organization	iot iimited to tri	ose	iiste	u at	oove	e) WII	o re	eceived more than \$100,	000 of reportable		Yes	0 N o
	the organization list any former officer												
4 For	e 1a? If "Yes," complete Schedule J for s r any individual listed on line 1a, is the s	um of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization			X
5 Did	d related organizations greater than \$15 d any person listed on line 1a receive or	accrue comper	ısati	on fr	om	any	unre	elate	ed organization or individ	dual for services	4		X
	ndered to the organization? If "Yes." con B. Independent Contractors	nplete Schedule	e J f	or su	ıch į	oers	on				. 5		X
	mplete this table for your five highest co organization. Report compensation for	•	•							•	sation	from	
	(A) Name and business			ONE					(B) Description of s		Com	(C) pensatio	on
	tal number of independent contractors (•	ot lin	nited	d to	thos	_	ted	above) who received mo	ore than			
<u> </u>	00,000 of compensation from the organ	zaliuii 🚩					,				For	m 990	(2019)

Form 990 (2019) BUFFALO
Part VIII Statement of Revenue

			Check if Schedule O contain	s a resnonse i	or note to any lin	e in this Part VIII			
			Officer if Schedule O contain	s a response	or note to any iin	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
									Sections 512 - 514
nts tts	1	а	Federated campaigns						
ira our			Membership dues						
s, C		С	Fundraising events	1c					
iift ar		d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions	s) 1e					
ion		f	All other contributions, gifts, grants,	and					
but			similar amounts not included above	1f	577,545.				
ÖĘ		a	Noncash contributions included in lines 1a-1	f 1g \$	2,383.				
Sor		_	Total. Add lines 1a-1f	•	•	577,545.			
<u> </u>					Business Code	,			
•	2	2							
je	2								
er, ne		b							
n S		C							
ar Be		d							
Program Service Revenue		е							
ъ.			All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including div			٦.			۸-
			other similar amounts)			25.			25.
	4		Income from investment of tax-ex						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а		<u>19,300.</u>					
		b		<u> 22,114.</u>					
		С	Rental income or (loss) 6c	-2,814.					
		d	Net rental income or (loss)			-2,814.		-2,814.	
	7	а	Gross amount from sales of	i) Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ē			and sales expenses 7b						
Revenue		c	Gain or (loss) 7c						
ev.			Net gain or (loss)						
her F			Gross income from fundraising event						
Oth	•	u	including \$,					
٥			contributions reported on line 1c						
			Part IV, line 18	I					
		h	Less: direct expenses						
			Net income or (loss) from fundrai						
			Gross income from gaming activi						
	9	a							
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming		<u> </u>				
	10	а	Gross sales of inventory, less ret	I	41 405				
			and allowances		41,485.				
			•	10b	18,351.	02 124	02 124		
		С	Net income or (loss) from sales o	finventory	_	23,134.	23,134.		
<u>0</u>			MT G G D T 3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Business Code	252			252
e Je	11	а	MISCELLANEOUS		900099	373.			373.
lan		b							
Miscellaneous Revenue		С							
Mis			All other revenue			2.52			
		е	Total. Add lines 11a-11d			373.	22 124	2 014	200
	12		Total revenue. See instructions		<u></u>	598,263.	23,134.	-2,814.	398.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must comple	e column (A).
--	---------------

	Check if Schedule O contains a respons	se or note to any line in t	his Part IX(B)	(C)	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	550.	550.		
2 (Grants and other assistance to domestic ndividuals. See Part IV, line 22				
3 (Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5 (Compensation of current officers, directors, crustees, and key employees	34,085.	27,363.	1,680.	5,042
6 (Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	22,233	= 1,000		
	Other salaries and wages	137,219.	114,734.	14,527.	7,958
8 F	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				-
	Other employee benefits	17 000	15 501	1 205	1 074
	Payroll taxes	17,980.	15,521.	1,385.	1,074
	Fees for services (nonemployees):				
	Management	1,670.	1,670.		
	_egal	1,070.	1,070.		
	Accounting				
	_obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
-	column (A) amount, list line 11g expenses on Sch 0.)	14,083.	7 616	1,200.	5,267
	Advertising and promotion	15,783.	7,616. 15,783.	1,2001	3,201
	Office expenses	13,703.	13,703.		
	nformation technology	1,838.	1,838.		
	Royalties	1,050.	1,030.		
	Occupancy	36,391.	36,391.		
	Fravel	10,176.	9,266.	910.	
	Payments of travel or entertainment expenses	20,2700	3,2001	3201	
f	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates	12,137.	12,137.		
	Depreciation, depletion, and amortization	4,088.	4,088.		
	nsurance	4,000.	4,000.		
8 	blove (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	AUTÓ FUEL & MAINTENANCE	34,095.	34,095.		
-	PRINTING AND COPYING	20,820.	12,700.	21.	8,099
-	ONLINE PLATFORM FEES	10,578.	4,191.		6,387
d §	SUPPLIES	10,017.	9,826.	191.	
e A	All other expenses	22,525.	16,525.	841.	5,159
25]	Fotal functional expenses . Add lines 1 through 24e	384,035.	324,294.	20,755.	38,986
26 ،	Joint costs. Complete this line only if the organization				
r	reported in column (B) joint costs from a combined				
6	educational campaign and fundraising solicitation.				
(Check here if following SOP 98-2 (ASC 958-720)				Form 990 (20:

Form **990** (2019)

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	133,121.	1	321,996		
	2	Savings and temporary cash investments	49,380.	2	49,411		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			10.	4	10
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ns		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sect	ion 4958(c)(3)(B)		6	
ي إ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		252 622			
		basis. Complete Part VI of Schedule D	. 10a	953,623.	605 444		600 100
	b	Less: accumulated depreciation			685,444.	10c	693,197
	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	100	14	0.0		
	15	Other assets. See Part IV, line 11	193.	15	98		
	16	Total assets. Add lines 1 through 15 (must ed			868,148.	16	1,064,712
	17	Accounts payable and accrued expenses	3,443.	17	4,640		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for					
<u> </u>		trustee, key employee, creator or founder, sub				00	
<u>a</u>	00	controlled entity or family member of any of th		: Г	180,093.	22	161,232
	23 24	Secured mortgages and notes payable to unre- Unsecured notes and loans payable to unrelat		· · · · · · · · · · · · · · · · · · ·	100,000	24	101,232
	2 4 25	Other liabilities (including federal income tax, p		Г		24	
	25	parties, and other liabilities not included on line					
		of Schedule D	,	·		25	
	26	Total liabilities. Add lines 17 through 25			183,536.	26	165,872
		Organizations that follow FASB ASC 958, ch					
es		and complete lines 27, 28, 32, and 33.		, —			
au au	27	Net assets without donor restrictions			684,612.	27	898,840
Bai	28	Net assets with donor restrictions			-	28	-
<u> </u>		Organizations that do not follow FASB ASC					
ב		and complete lines 29 through 33.	•				
ğ	29	Capital stock or trust principal, or current fund	s			29	
Sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			684,612.	32	898,840
-	33	Total liabilities and net assets/fund balances			868,148.	33	1,064,712

Pai	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	384 214	3,26 1,03 1,22 1,63	35. 28. 12.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	898	3,84	40.		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No		
1 2a	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. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis						
	b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 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 on Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	edule O. gle Audit	2c 3a		X		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b Form	9 90 ((2019)		

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** BUFFALO FIELD CAMPAIGN INC. 36-3964401 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sed	ction A. Public Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	284,426.	334,395.	313,004.	352,939.	366,599.	1651363.
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	224 425	224 225	242 224	252 222	266 500	1.5510.60
4	Total. Add lines 1 through 3	284,426.	334,395.	313,004.	352,939.	366,599.	1651363.
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,						104 061
	column (f)						104,061.
	Public support. Subtract line 5 from line 4.						1547302.
		(-) 0045	(1-) 0040	(-) 0047	(-1) 0040	(-) 0040	(A) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2015 284, 426.	(b) 2016 334,395.	(c) 2017 313,004.	(d) 2018 352, 939.	(e) 2019 366, 599.	(f) Total 1651363.
	Amounts from line 4	204,420.	334,333.	313,004.	334,333.	300,333.	1031303.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	30.	24.	24.	24.	25.	127.
0	and income from similar sources Net income from unrelated business	30.	24.	24.	24.	23.	127•
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,524.	439.	1,710.	1,317.	282.	5,272.
11	Total support. Add lines 7 through 10						1656762.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	218,928.
	First five years. If the Form 990 is for	,	,			-	,
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11, co	olumn (f))		14	93.39 %
	Public support percentage from 2018					15	94.52 %
	33 1/3% support test - 2019. If the c					ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization quali	fies as a publicly s	upported organiza	ition			>
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac-					-	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	·
	organization meets the "facts-and-circ	umstances" test.	Γhe organization q	ualifies as a public	ly supported orgar	nization	▶∐
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	· >

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					+	
6 Total. Add lines 1 through 5					1	
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	_	T -	T -	Τ.	T -	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						<u> </u>
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.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
check this box and stop here			······			>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	▶

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.)

	Yes	No
1		
2		
0-		
3a		
3b		
- OD		
3с		
4a		
4b		
4c		
50		
5a		
5b		
5c		_
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10b		<u> </u>

			V	NI
44	Lies the examination eccented a gift or contribution from any of the following newscape?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
L	below, the governing body of a supported organization?	11a		
	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. tion B. Type I Supporting Organizations	11c		
360	tion B. Type I Supporting Organizations		V	
			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,	_		
<u> </u>	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		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see institution)	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion 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		
Sect	ion 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		
	Average monthly cash balances	1b		
С	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		
Sect	ion 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		
7	Check here if the current year is the organization's first as a non-functiona	Ily integrated	d Type III supporting orga	anization (see
	inch sational	-		

Schedule A (Form 990 or 990-EZ) 2019

ı aı	Type in Non-Functionally integrated 509(a)(3) Supporting Orga	ilizations (continued)	
Secti	on 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	s of supported organizations	3	
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 th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
PATAGONIA	85,807.	52,672
LUSH COSMETICS	84,524.	51,389
		_
otal Excess Contributions to Schedule A, Part II, Line 5	,	104,061

Schedule B

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

Go to www.irs.αov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

BUFFALO FIELD CAMPAIGN INC.

Employer identification number

36-3964401

Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules 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, 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 ______ > \$ 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).

Name of organization Employer identification number

BUFFALO FIELD CAMPAIGN INC.

36-3964401

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(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
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization **Employer identification number** BUFFALO FIELD CAMPAIGN INC. 36-3964401 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

2019

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

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

Tax) (see separate instructions), then				
	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.		1	
Nan	ne of organization			Em	ployer identification number
		FIELD CAMPAIGN I			36-3964401
Pa	art I-A Complete if the org	anization is exempt under	r section 501(c) o	r is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		>	\$
Pa	art I-B Complete if the org	anization is exempt under	section 501(c)(3)).	
1	Enter the amount of any excise tax	incurred by the organization under	r section 4955		\$
2	Enter the amount of any excise tax	incurred by organization managers			
	If the organization incurred a section				
	Was a correction made?				
	If "Yes." describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt under	r section 501(c), e	except section 501(c)(3).
3	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and emmade payments. For each organization rountibutions received that were propolitical action committee (PAC). If	ization's funds contributed to other. Add lines 1 and 2. Enter here and 1120-POL for this year?	or organizations for section on Form 1120-POL, of all section 527 polition the filing organiza separate political organ	ical organizations to whition's funds. Also enter this retails a separation, such as a separation.	\$ Yes No ch the filing organization he amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

g	Grassroots	nontaxable	amount (ent	er 25% of I	ine 1f)
g	Grassroots	nontaxable	amount (ent	er 25% ot i	ine

Over \$17,000,000

- h Subtract line 1g from line 1a. If zero or less, enter -0-
- i Subtract line 1f from line 1c. If zero or less, enter -0-
- reporting section 4911 tax for this year?

\$1,000,000.

i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	54,875.	53,003.			107,878.
b Lobbying ceiling amount (150% of line 2a, column(e))					161,817.
c Total lobbying expenditures	200.	2,220.			2,420.
d Grassroots nontaxable amount	13,719.	13,251.			26,970.
e Grassroots ceiling amount (150% of line 2d, column (e))					40,455.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

Yes

Schedule C (Form 990 or 990-EZ) 2019 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)).

ng purposes? fs, government officials, or a legentions, speeches, lectures, or an ization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section is exempt under section.	gislative matter gislative body? any similar means? a section 501(c)(3)? as under section 4912		No	Amo	ount
public? statements? g purposes? fs, government officials, or a legentions, speeches, lectures, or anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section 4912	gislative matter gislative body? any similar means? a section 501(c)(3)? as under section 4912), or sec		
public? statements? g purposes? fs, government officials, or a legentions, speeches, lectures, or anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section 4912	gislative matter gislative body? any similar means? a section 501(c)(3)? as under section 4912), or sec		
public? statements? g purposes? s, government officials, or a legentions, speeches, lectures, or anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section 4912	gislative body? any similar means? a section 501(c)(3)? s under section 4912), or sec		
public? statements? go purposes? fs, government officials, or a legentions, speeches, lectures, or anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section is exempt under sec	gislative body? any similar means? a section 501(c)(3)? as under section 4912), or sec		
public? statements? go purposes? fs, government officials, or a legentions, speeches, lectures, or anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section is exempt under sec	gislative body? any similar means? a section 501(c)(3)? as under section 4912), or sec		
public? statements? ng purposes? fs, government officials, or a legentions, speeches, lectures, or anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section is exempt under section is exempt under section is exempt under section.	gislative body? any similar means? a section 501(c)(3)? as under section 4912 20 for this year?), or sec		
public? statements? ng purposes? fs, government officials, or a legentions, speeches, lectures, or anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section is exempt under section.	gislative body? any similar means? a section 501(c)(3)? as under section 4912 as for this year?), or sec		
statements? Ing purposes? Ifs, government officials, or a legentions, speeches, lectures, or anization to be not described in urred under section 4912 Urred by organization manager on 4912 tax, did it file Form 472 In ation is exempt under section is exempt under se	gislative body? any similar means? a section 501(c)(3)? s under section 4912), or sec		
ing purposes? fs, government officials, or a legentions, speeches, lectures, or anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section is exempt under section.	gislative body? any similar means? n section 501(c)(3)? s under section 4912 20 for this year?), or sec		
rs, government officials, or a legentions, speeches, lectures, or an ization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section is exempt under sections.	gislative body? any similar means? a section 501(c)(3)? s under section 4912 20 for this year?), or sec		
entions, speeches, lectures, or	any similar means?), or sec		
unization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under s	s section 501(c)(3)? s under section 4912 20 for this year?), or sec		
anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under s	s under section 4912), or sec		
anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under s	s section 501(c)(3)? s under section 4912 20 for this year?), or sec		
urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under s	rs under section 4912), or sec		
urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under s	s under section 4912), or sec		
on 4912 tax, did it file Form 472 ation is exempt under s	20 for this year?), or sec		
ation is exempt under s	section 501(c)(4), se	ection 501(c)(5), or sec		
			,,	tion	
s received pondeductible by m					
s received nondeductible by m				Yes	N
3 received florideductible by fil	nembers?		1		
lobbying expenditures of \$2,00	00 or less?		2		
lobbying and political campaig	n activity expenditures fr	om the prior year?	3		
from members			1		
and political expenditures (do r	not include amounts of	political			
tax was paid).					
			. 2a		
			. 2b		
			. 2c		
033(e)(1)(A) notices of nondedu	uctible section 162(e) due	es	3		
line 2c exceeds the amount on	line 3, what portion of th	ne excess			
to the reasonable estimate of	nondeductible lobbying	and political			
			. 4		
I expenditures (see instructions	s)		5		
on					
l expenditures (see instructions	s)		5		
S a	s from members and political expenditures (do tax was paid). 6033(e)(1)(A) notices of nondeduline 2c exceeds the amount oner to the reasonable estimate of	s from members and political expenditures (do not include amounts of tax was paid). 5033(e)(1)(A) notices of nondeductible section 162(e) due line 2c exceeds the amount on line 3, what portion of the to the reasonable estimate of nondeductible lobbying al expenditures (see instructions)	s from members and political expenditures (do not include amounts of political tax was paid). 5033(e)(1)(A) notices of nondeductible section 162(e) dues line 2c exceeds the amount on line 3, what portion of the excess or to the reasonable estimate of nondeductible lobbying and political al expenditures (see instructions)	s from members and political expenditures (do not include amounts of political tax was paid). 2a 2b 2c 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 line 2c exceeds the amount on line 3, what portion of the excess or to the reasonable estimate of nondeductible lobbying and political 4 al expenditures (see instructions) 5	and political expenditures (do not include amounts of political 2a 2b 2c 3033(e)(1)(A) notices of nondeductible section 162(e) dues 3 line 2c exceeds the amount on line 3, what portion of the excess er to the reasonable estimate of nondeductible lobbying and political al expenditures (see instructions) 5

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BUFFALO FIELD CAMPAIGN INC.

Employer identification number 36-3964401

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		1 1
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	rvation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
•			(4)(D)(:)
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr	·	
	organization's accounting for conservation easements.	lote to the organization's infancial statement	its that describes the
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
	of art, historical treasures, or other similar assets held for pul	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

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

Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Sin	nilar Ass	ets (continu	ued)
3	Using the organization's acquisition, accession								•	
	collection items (check all that apply):									
а	Public exhibition	d	ı 🔲 i	Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	n's exer	mpt pı	urpose in Pa	art XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arran								V, line 9, or	
	reported an amount on Form 990, Par			_						
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	ontribution	s or other ass	sets not	includ	ed		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
	, ,	•	Ü						Amount	
С	Beginning balance							1c		
d	Additions during the year						·· ⊢	1d		
е	Distributions during the year							1e		
f	Ending balance							1f		
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.						-			
	t V Endowment Funds. Complete i									
		(a) Current year		rior year	(c) Two yea			ree vears ha	ck (e) Four	vears back
1a	Beginning of year balance	(a) carront your	(2)	nor your	(O) Two you	o buok	(4) 11	iroo youro bu	ok (C) rour	youro buon
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
е										
_	and programs									
†	Administrative expenses									
g	End of year balance		- /I: -1		\\					
2	Provide the estimated percentage of the curr	ent year end balance		i, column (a)) neid as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
_	The percentages on lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posses	ssion of the organiza	ition that	are held ar	nd administer	ed for th	ne orga	anization	Г	
	by:									Yes No
	(i) Unrelated organizations 3a(i)									
_	(ii) Related organizations								3a(ii)	
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?									
4	Describe in Part XIII the intended uses of the		wment fu	unds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered									
	Description of property	(a) Cost or o			or other			ulated	(d) Book	value
		basis (investr	nent)		(other)	de	precia	ition		
1a	Land				5,000.		<u> </u>			,000.
b	Buildings			38	9,121.		<u> 135</u>	<u>,529.</u>	253	,592.
С	Leasehold improvements									
d	Equipment			14	9,502.		124	<u>,897.</u>	24	,605.
е	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X colum	n (B) line 1	0c.)			▶ │	693	,197.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 BUFFALO FIEL Part VII Investments - Other Securities.	D CAMPAIGN I		-3964401 Page
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11h 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	d-of-year market value
(1) Financial derivatives	. ,	1	•
(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" o	n 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	d-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" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	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" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	T .
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

(6) (7) (8)

Schedule D (Form 990) 2019

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BUFFALO FIELD CAMPAIGN INC.

Employer identification number 36-3964401

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

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization 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 POL	ICY ANNUALLY
DURING A BOARD MEETING. THE OFFICERS AND DIRECTORS COMPLE	TE A CONFLICT OF
INTEREST DISCLOSURE QUESTIONNAIRE AND DISCUSS ANY POTENTIA	L 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 F	OR 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.	

EXTENDED TO NOVEMBER 16, 2020

Form 990-T	Exempt Organization Business Income Tax Return										
		(and proxy tax under section 6033(e))									
	For ca	For calendar year 2019 or other tax year beginning , and ending									
Department of the Treasury Internal Revenue Service	•	 ▶ Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 									
A Check box if address changed		Name of organization ((Emple	oyer identification number oyees' trust, see ctions.)							
B Exempt under section	Print	BUFFALO FIE	3	6-3964401							
X 501(c)(3)	or		n or suite no. If a P.O. box				E Unrela	ated business activity code instructions.)			
408(e) 220(e)	Туре	PO BOX 957		,			(See II	istructions.)			
408A 530(a))	City or town, state or pro	vince, country, and ZIP or	foreigi	n postal code		1				
529(a)		WEST YELLOW	STONE, MT 5	5975			531	110			
C Book value of all assets at end of year		F Group exemption num	ber (See instructions.)	<u> </u>							
C Book value of all assets at end of year 1,064,7	712.	G Check organization typ	e X 501(c) corp	oration	501(c) trust	401(a)) trust	Other trust			
H Enter the number of the	organiza	ition's unrelated trades or	businesses.	1	Describe	e the only (or first) ur					
		EE STATEMENT				, complete Parts I-V.					
		ace at the end of the previo	us sentence, complete Pai	rts I an	d II, complete a Schedul	e M for each addition	al trade	or			
business, then complete			- CCP-A-A-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-	4 la - !			77.	s X No			
		poration a subsidiary in an tifying number of the parei		t-sudsi	diary controlled group?	► I	Ye	S A NO			
		THE ORGANIZA			Teleni	none number > 4	06-	646-0070			
		de or Business Inc			(A) Income	(B) Expenses		(C) Net			
1a Gross receipts or sa					(-,	(=) = 4		(2)			
b Less returns and allo			c Balance ▶	1c							
		A, line 7)	-	2							
3 Gross profit. Subtract				3							
4a Capital gain net inco	me (attac	ch Schedule D)		4a							
		Part II, line 17) (attach Forn		4b							
c Capital loss deduction	on for trus	sts		4c							
		ship or an S corporation (a		5							
6 Rent income (Sched	,			6		ļ	2.2				
		me (Schedule E)		7	6,190.	7,0	92.	-902.			
	•	and rents from a controlled		8							
		on 501(c)(7), (9), or (17) o		9							
		ome (Schedule I)		10							
		e J)		11 12							
12 Other income (See in 13 Total. Combine line	istruction	ns; attach schedule) igh 12			6 190	7 0	92.	-902.			
Part II Deduction	ons No	ot Taken Elsewhei	'e (See instructions fo	r limita	ations on deductions	1,0	74.	3021			
		pe directly connected w									
14 Compensation of o	fficers, di	rectors, and trustees (Sch	edule K)				14				
							15				
							16				
17 Bad debts							17				
18 Interest (attach sch	edule) (s	ee instructions)					18				
							19				
20 Depreciation (attac	h Form 4	562)			20						
		n Schedule A and elsewher					21b				
22 Depletion	farr-J -	manastian plans					22				
		mpensation plans					23				
		chadula I)					24 25				
		chedule I) hedule J)					26				
		nedule)					27				
		14 through 27					28	0.			
29 Unrelated business	taxable i	ncome before net operation	g loss deduction. Subtract	line 28	From line 13		29	-902.			
		loss arising in tax years be									
(see instructions)					SEE STA	rement 2	30	0.			
		ncome. Subtract line 30 fro					31	-902.			

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

Part	III	Total Unrelated Business Taxable In	ncome				
32	Total of	unrelated business taxable income computed from a	all unrelated trades or business	es (see instructions)		32	-902.
33		s paid for disallowed fringes				33	
34	Charital	ole contributions (see instructions for limitation rules		34	0.		
35		related business taxable income before pre-2018 NC		35	-902.		
36	Deducti	on for net operating loss arising in tax years beginni	ng before January 1, 2018 (see	instructions)	STMT 3	36	0.
37	Total of	unrelated business taxable income before specific d	eduction. Subtract line 36 from	line 35		37	-902.
38	Specific	deduction (Generally \$1,000, but see line 38 instruc	ctions for exceptions)			38	1,000.
39	Unrelat	ed business taxable income. Subtract line 38 from	line 37. If line 38 is greater tha	n line 37,			
						39	-902.
		Гах Computation					
40		ations Taxable as Corporations. Multiply line 39 by				40	0.
41		Taxable at Trust Rates. See instructions for tax com				44	
40		ex rate schedule or Schedule D (Form 1041))		.	41	
42	Alternat	ax. See instructions			>	42	
43	Toy on	ive minimum tax (trusts only)				43	
44 45	Total A	Noncompliant Facility Income. See instructions dd lines 42, 43, and 44 to line 40 or 41, whichever a	nnlige			45	0.
Part	V	Tax and Payments				40	•
		tax credit (corporations attach Form 1118; trusts att	tach Form 1116)	46a			
			,				
C	General						
d	Credit f	or prior year minimum tax (attach Form 8801 or 882					
		edits. Add lines 46a through 46d				46e	
47	Subtrac	t line 46e from line 45				47	0.
48	Other ta	xes. Check if from: Form 4255 Form	8611 Form 8697	Form 8866 🔲 Ot	her (attach schedule)	48	
49	Total ta	x. Add lines 47 and 48 (see instructions)				49	0.
50		et 965 tax liability paid from Form 965-A or Form 96				50	0.
		ts: A 2018 overpayment credited to 2019					
		timated tax payments					
C	Tax dep	osited with Form 8868		51c			
		organizations: Tax paid or withheld at source (see in					
		withholding (see instructions)					
		or small employer health insurance premiums (attac		51f			
g		redits, adjustments, and payments: Form 24					
				tal > 51g			
		ayments. Add lines 51a through 51g				52	
53		ed tax penalty (see instructions). Check if Form 2220	FOt		_	53	
54 55		e. If line 52 is less than the total of lines 49, 50, and a number 1. If line 52 is larger than the total of lines 49, 5			·····	54	
	-	e amount of line 55 you want: Credited to 2020 esti		ııu	Refunded	55 56	
Part		Statements Regarding Certain Activ		mation (see in		1 00 1	
		ime during the 2019 calendar year, did the organizat		•	· · · · · · · · · · · · · · · · · · ·		Yes No
	-	inancial account (bank, securities, or other) in a fore	•		•		
	FinCEN	Form 114, Report of Foreign Bank and Financial Acc	ounts. If "Yes," enter the name	of the foreign countr	y		
	here	>					X
58	During	the tax year, did the organization receive a distribution	on from, or was it the grantor of	, or transferor to, a f	oreign trust?		X
	If "Yes,"	see instructions for other forms the organization ma	ay have to file.				
59		e amount of tax-exempt interest received or accrued	•				
Sign		der penalties of perjury, I declare that I have examined this ret rrect, and complete. Declaration of preparer (other than taxpay				edge and belie	, it is true,
Here		1	\ ====		1	May the IRS dis	cuss this return with
11616		Signature of officer	Date TRE.	ASURER			own below (see
		<u> </u>				nstructions)?	Yes X No
		Print/Type preparer's name Prep	arer's signature	Date	Check	if PTIN	
Paid					self- employed	1	
-	arer	Firm's name			Firm's FIN •		
Use	Only	Firm's name			Firm's EIN	-	
		Firm's address			Phone no.		
923711	01-27-20				. 110110 110.	F	orm 990-T (2019)

Schedule A - Cost of Goods	Sold. Enter n	nethod of invento	ory val	uation > N/A					
1 Inventory at beginning of year				Inventory at end of yea			6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor	I I			from line 5. Enter here					
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)				property produced or a	cquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (lese instructions)	From Real P	roperty and l	Pers	onal Property L	ease	d With Real Prope	erty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent received	or accrued							
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of than	` ' of rent for per	rsonal p	nal property (if the percentag roperty exceeds 50% or if d on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connected d 2(b) (attac	with the income in ch schedule)	I
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		r ▶			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed I	ncome (see ir	nstruc	tions)					
				Gross income from		3. Deductions directly conn to debt-finance			
1. Description of debt-fine	anced property			or allocable to debt- financed property	` ′	Straight line depreciation (attach schedule)	`) Other deduction (attach schedule)	is_
				10 200	S	TATEMENT 6		TEMENT	·/
(1) RENTAL CABIN INCO	OME			19,300.		5,000.	+	17,1	<u>14.</u>
(2)							+		
(3)							+		
(4)							+		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	debt-financ	ocable to ed property	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(colu	Allocable deducti imn 6 x total of co 3(a) and 3(b))	
STATEMENT 8	STATEM			22 07		C 100	+	7 0	00
(1) 42,494. (2) (3) (4)		132,500.		32.07%		6,190.	+	7,0	94.
(2)				%			+		
(3)				%			+		
(4)	CMAME	MENTE F		%			+		
STATEMENT 4	STATE	MENT 5				nter here and on page 1, Part I, line 7, column (A).	Part	r here and on page t I, line 7, column ((B).
Totals				>		6,190.		7,0	92.
Total dividends-received deductions in	cluded in column 8	3				•			0.

Form **990-T** (2019)

				Exempt (Controlled O	rganizatio	ons				
1. Name of controlled organiz	ation	2. Emple identifica numbe	ıtion	3. Net unre (loss) (see	elated income instructions)	4. Total payn	al of specified nents made 5. Part of column 4 that included in the controllir organization's gross inco		olling	olling connected with income	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	nizations										
7. Taxable Income		related income ee instructions)	(loss)	9. Total	of specified payr made	nents	10. Part of colur in the controlli gross		nization's	11. Dewelth	ductions directly connected income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colun Enter here and line 8, o		1, Part I,	Enter h	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals						▶			0.		0 .
Schedule G - Investm	ent Incomstructions)	ne of a Se	ection	501(c)(7), (9), or (17) Org	janization				
,	scription of incon	ne			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)							(,			(22.0.2)
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B).
Totals				>		0.					0.
Schedule I - Exploited (see inst	I Exempt	Activity I	ncome	e, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gr unrelated to income trade or b	ousiness from	directly c with pro of unr	penses connected oduction related s income	4. Net incon from unrelated business (co minus colum gain, comput through	I trade or Ilumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
	Enter here page 1, line 10, c	Part I, col. (A).	page 1	re and on I, Part I, col. (B).							Enter here and on page 1, Part II, line 25.
Totals Schedule J - Advertis		0 . 16 (see ins	struction	0.							0.
Part I Income From					solidated	Basis					
			1				T				
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col. 3). If a g	ising gain ol. 2 minus ain, compute arough 7.	5. Circulat income		6. Reade cost		 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)					-		-				
(3) (4)											
	•	0		0							0
Totals (carry to Part II, line (5))	-	U	•	U	•		_1		l		Form 990-T (2019

923731 01-27-20

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	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 26.
Totals, Part II (lines 1-5)	0.	0.				0.

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

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

Form **990-T** (2019)

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	STATEMENT 2	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	555.	0.	555.	555.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	555.	555.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
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.	0.	8,849.	8,849.
12/31/10	5,006.	0.	5,006.	5,006.
12/31/11	519.	0.	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 CARRYOV	ER AVAILABLE THIS	YEAR	43,042.	43,042.
				

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ACQUISITION DEBT	INCOME	STATEMENT 4
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF
RENTAL CABIN INCOME	1	OUTSTANDING DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING SIXTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH		44,643 44,261 43,855 43,473 43,100 42,708 42,311 41,918 41,519 41,118 40,714 40,308
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		42,494
FORM 990-T, SCHEDULE E, COLUMN 4 FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ADJUSTED BASIS		STATEMENT 5
FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ADJUSTED BASIS	INCOME ACTIVITY NUMBER	
ORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ADJUSTED BASIS DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY	
FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED	ACTIVITY NUMBER	

FORM 990-T SCHED	ULE E - DEPRECIA	TION DEDUCT	ION	STATEMENT 6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION EXPENSE	- SUBTOTAL -	1	5,000.	5,000.
TOTAL OF FORM 990-T, SCH	EDIILE E COLUMN	3(A)		5,000.
Total of Total 330 17 Boil	DOLL I, COLOIN	J (11)		
	HEDULE E - OTHER			STATEMENT 7
·			AMOUNT	
FORM 990-T SC		DEDUCTIONS ACTIVITY	AMOUNT 17,114.	STATEMENT 7

FORM 990-T	AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT 8
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISIT	TION DEBT ALLOCABLE TO ROPERTY			
TOTAL OF FORM 99	90-T, SCHEDULE E, COLUMN	4		42,494.

FORM 990-T	M 990-T AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY				STATEMENT 9
DESCRIPTION		Z	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED DEBT-FINANCED PR	D BASIS ALLOCABLE ROPERTY	TO			
TOTAL OF FORM 9	90-T, SCHEDULE E,	COLUMN 5			132,500.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

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. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 36-3964401 BUFFALO FIELD CAMPAIGN INC. Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour PO BOX 957 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 59758 WEST YELLOWSTONE, MT Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION The books are in the care of ► PO BOX 957 - WEST YELLOWSTONE, MT 59758 Telephone No. \blacktriangleright 406-646-0070 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2019 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2020)

instructions

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

3b

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

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. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 36-3964401 BUFFALO FIELD CAMPAIGN INC. Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour PO BOX 957 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 59758 WEST YELLOWSTONE, MT Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION The books are in the care of ► PO BOX 957 - WEST YELLOWSTONE, MT 59758 Telephone No. \blacktriangleright 406-646-0070 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2019 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2020)

instructions

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

3b