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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization NATIONAL BISON ASSOCIATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 8690 WOLFF COURT, #200

City or town, state or country, and ZIP + 4: WESTMINSTER CO 80031

D Employer identification number: 84-1026558

E Telephone number: (303)292-2833

G Gross receipts $ 412,339

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ bisoncentral.com fax 303-659-3739

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PRESERVATION OF AMERICAN BISON

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of employees (Part V, line 2a)	5	4
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	50,464
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	229,503	173,894
9	Program service revenue (Part VIII, line 2g)	187,478	172,651
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	273,755	1,705
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,386	37,892
12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	710,122	386,142

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	226,492	174,325
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,286		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	273,755	219,382
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	500,247	393,707
19	Revenue less expenses Subtract line 18 from line 12	209,875	-7,565

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	190,944	180,782
21	Total liabilities (Part X, line 26)	199,561	196,964
22	Net assets or fund balances Subtract line 21 from line 20	-8,617	-16,182

Part II Signature Block

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

Sign Here

▶ X Signature of officer Date 11/11/10

▶ R David E Curtis, Exec Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Date 11/10/10	Check if self-employed ▶ ☐	Preparer's identifying number (see instr)
Firm's name (or yours if self-employed), address, and ZIP + 4	STANLEY V. STAHL C.P.A., P.C. 7500 E ARAPAHOE RD STE 200 Centennial, CO 80112		EIN ▶	
			Phone no. ▶ (303)779-8595	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions. Form **990** (2009)

Part III **Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:
PRESERVATION OF AMERICAN BISON

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses $ 102,922 including grants of $) (Revenue $ 82,951)
See attachment #1

4b (Code) (Expenses $ 90,474 including grants of $) (Revenue $ 56,700)

4c (Code) (Expenses $ 84,261 including grants of $) (Revenue $ 83,231)

4d Other program services. (Describe in Schedule O.)
(Expenses $ 65,805 including grants of $) (Revenue $ 46,688)

4e **Total program service expenses** ▶ $ 343,462

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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II N/A	4		
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		X
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. (Yes: , No: X)	12A		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part IV **Checklist of Required Schedules** (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S. Information Returns. Enter -0- if not applicable	1a	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	X	
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)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? N/A		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter.				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter.				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	14		
b	Enter the number of voting members that are independent	1b	14		
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			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ See attachment #2

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

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 Use Schedule J-2 if additional space is needed

- 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 See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☒ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)								(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL TRUSTEE OR DIRECTOR	INSTITUTIONAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER					
MIKE DUNCAN CHAIRMAN OF THE BOARD				X						0	0	0
GAIL GRIFFIN PRESIDENT				X						0	0	0
JOHN FLOCCHINI VICE PRESIDENT				X						0	0	0
PETER COOK SECRETARY/TREASURER				X						0	0	0
WAYNE COOK DIRECTOR		X								0	0	0
NOLAN MILLER DIRECTOR		X								0	0	0
PAUL LYMAN DIRECTOR		X								0	0	0
REX SNYDER DIRECTOR		X								0	0	0
JUD SEAMAN DIRECTOR		X								0	0	0
LANCE KUCK DIRECTOR		X								0	0	0
DALE RENGSTORF DIRECTOR		X								0	0	0
ROBERT LONG DIRECTOR		X								0	0	0
DAVID SVERDUK DIRECTOR		X								0	0	0
JACK PLEASANT DIRECTOR		X								0	0	0

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
1b **Total** ▶									0	0	0

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMTS	1a	Federated campaigns	1a				
	b	Membership dues	1b	123251			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	21911			
	f	All other contributions, gifts, grants, & similar amounts not included above	1f	28732			
	g	Noncash contributions included in lines 1a-1f	$				
	h	**Total.** Add lines 1a-1f			173894		
PROGRAM SERVICE REVENUE			**Business Code**				
	2a	NBA PUBLICATIONS	511120	50464		50464	
	b	CHECKOFF PROGRAM		47545	47545		
	c	CONVENTIONS		46540			46540
	d	NWS SHOW EXHIBIT		28102	28102		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f			172651		
OTHER REVENUE	3	Investment income (including dividends, interest, and other similar amounts)			1705		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a	18737			
	b	Less: direct expenses	b	300			
	c	Net income or (loss) from fundraising events			18437		
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a	43025			
	b	Less: cost of goods sold	b	25897			
	c	Net income or (loss) from sales of inventory			17128		
		Miscellaneous Revenue	**Business Code**				
	11a	MISCELLANEOUS RECEIPTS		2327	2327		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d			2327		
	12	**Total revenue.** See instructions			386142	77974	50464	46540

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	142411		142411	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	19488		19488	
10	Payroll taxes	12426		12426	
11	Fees for services (non-employees):				
a	Management				
b	Legal	3493		3493	
c	Accounting	4395		4395	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	798		798	
12	Advertising and promotion	4407	4018	389	
13	Office expenses	634		634	
14	Information technology	3713		3713	
15	Royalties				
16	Occupancy	16572	9082	7490	
17	Travel	7420	4812	2608	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	52233	52233		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	149		149	
23	Insurance	2890	2037	853	
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PRINTING & PRODUCTION	39179	39074	105	
b	GTSS SHOW COSTS	33948	33948		
c	POSTAGE	11770	10611	1159	
d	CONTRACT SERVICES	9613	9387	226	
e	BAD DEBT	6764		6764	
f	All other expenses #3	21404	178260	-158142	1286
25	**Total functional expenses.** Add lines 1 through 24f	393707	343462	48959	1286
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash -- non-interest bearing		1	
	2	Savings and temporary cash investments	70,155	2	62,947
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	50,637	4	52,517
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	29,051	8	27,645
	9	Prepaid expenses and deferred charges	14,058	9	10,621
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 96,517			
	b	Less accumulated depreciation — 10b: 96,081	584	10c	436
	11	Investments -- publicly traded securities	26,459	11	26,616
	12	Investments -- other securities. See Part IV, line 11		12	
	13	Investments -- program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	190,944	16	180,782
LIABILITIES	17	Accounts payable and accrued expenses	44,837	17	31,171
	18	Grants payable		18	
	19	Deferred revenue	154,724	19	165,793
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	199,561	26	196,964
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	-8,617	27	-16,182
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	-8,617	33	-16,182
	34	Total liabilities and net assets/fund balances	190,944	34	180,782

Part XI Financial Statements and Reporting

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

Part VII **Investments -- Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII **Investments -- Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX **Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X **Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NATIONAL BISON ASSOCIATION

Employer identification number
84-1026558

ALL INFORMATION FOR 990 IS REVIEWED BY THE FINANCE COMMITTEE APPOINTED BY THE BOARD. THE EXECUTIVE OR ASSISTANT EXECUTIVE DIRECTOR FILES THE 990 WHICH IS THEN MADE AVAILABLE FOR REVIEW.
FORM 990 AND ALL RELATED FINANCIAL INFORMATION IS MADE AVAILABLE UPON REQUEST.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning , and ending

Name of Organization	Employer Identification Number
NATIONAL BISON ASSOCIATION	84-1026558

Part III - Statement of Program Service Accomplishments

Code: Expenses: 102,922 including Grants of: Revenue: 82,951

Exempt Purpose Achievements

BISON WORLD/HANDBOOK/CATALOGS/NEWSLETTER/DIRECTORY/WEB - PUBLICATIONS PRODUCED BY THE ASSOCIATION TO DISSEMINATE INFORMATION AND EDUCATIONAL MATERIAL ABOUT BISON.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning , and ending

Name of Organization	Employer Identification Number
NATIONAL BISON ASSOCIATION	84-1026558

Part III - Statement of Program Service Accomplishments

Code:	Expenses	90,474	including Grants of:	Revenue:	56,700

Exempt Purpose Achievements

CONVENTIONS - PROVIDE EDUCATION AND TRAINING TO BOTH MEMBERS AND NONMEMBERS REGARDING BREEDING, RAISING, AND MARKETING BISON.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning , and ending

Name of Organization	Employer Identification Number
NATIONAL BISON ASSOCIATION	84-1026558

Part III - Statement of Program Service Accomplishments

Code: Expenses: 84,261 including Grants of: Revenue 83,231

Exempt Purpose Achievements

PUBLIC EDUCATION/PROMOTIONAL MATERIAL/RESEARCH/CHECKOFF - COMPILE INFORMATION AND PROMOTIONAL MATERIAL ABOUT BISON, PROMOTE PUBLIC AWARENESS, PROVIDE BISON SOURCE VERIFICATION, AND DISSEMINATE INFORMATION.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning , and ending .

Name of Organization	Employer Identification Number
NATIONAL BISON ASSOCIATION	84-1026558

Part III - Statement of Program Service Accomplishments

Code	Expenses	65,699	including Grants of	Revenue	46,668

Exempt Purpose Achievements

NATIONAL WESTERN STOCK SHOW EXHIBITION - EXHIBIT OF BISON AND EDUCATIONAL INFORMATION TO INFORM THE PUBLIC AND MEMBERS ABOUT THE BISON INDUSTRY AND BISON GENETICS.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning , and ending .

Name of Organization	Employer Identification Number
NATIONAL BISON ASSOCIATION	84-1026558

Part III - Statement of Program Service Accomplishments

Code:	Expenses:	106	including Grants of	Revenue:	20

Exempt Purpose Achievements

NABRP BISON REGISTRY - PROVIDE GENETIC VERIFICATION AND BISON REGISTRY.

BOOKS ARE IN CARE OF

Attachment 2: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending

Name of Organization	Employer Identification Number
NATIONAL BISON ASSOCIATION	84-1026558

Part VI - Line 91a

Individual Name NATIONAL BISON ASSOCIATION

or

Business Name:

Street Address 8690 WOLFF COURT, #200

U S Address

Zip code 80031 City Westminster State CO

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (303)292-2833

Fax Number (303)659-3739

SCHEDULE OF OTHER EXPENSES

Attachment 3: Form 990 Page 10, Line 24 - Other Expenses

Open to Public Inspection | For calendar year 2009 or tax period beginning , and ending .

Name of Organization NATIONAL BISON ASSOCIATION

Employer Identification Number 84-1026558

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
BANK/CC FEES	6,119		6,119	
TRAINING & SEMINARS	4,977	4,977		
EQUIPMENT LEASE	4,953	336	4,617	
MEMBERSHIP COSTS	2,761		2,761	
TELEPHONE	2,183		2,183	
USAHA COSTS	150		150	
TAXES & LICENSES	136		136	
DUES & SUBS	125		125	
PAYROLL TAX ALLOCATION		10,071	-10,143	72
EMPLOYEE BENEFITS ALLOCATIO		15,794	-15,908	114
OVERHEAD ALLOCATION		31,684	-31,952	268
PAYROLL ALLOCATION		115,398	-116,230	832
Total	21,404	178,260	-158,142	1,286

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2009

Attachment Sequence No. **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
NATIONAL BISON ASSOCIATION	FOR FORM 990	84-1026558

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	$250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	$800,000
4	Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
	See Section 179 Wrksht		

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	0
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	6,304

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	149
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B -- Assets Placed In Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs.	MM	S/L	
				27 5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C -- Assets Placed In Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations -- see instructions	22	149
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

2009 Federal Depreciation Schedule

NATIONAL BISON ASSOCIATION
84-1026558

11-10-2010

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
LEASED FAX	05-28-98	AMORT	3	1,882	0	0	0	1,882	1,882	0
PROTECTOR OF PRAIRIE	03-31-86	200DBHY	7	0	0	0	0	0	0	0
AMERICAN BISON	03-31-87	200DB	0	0	0	0	0	0	0	0
PTA - IRON EYES	03-31-87	200DB	0	0	0	0	0	0	0	0
MEADOW BUFFALO	03-31-87	200DB	0	0	0	0	0	0	0	0
HOMECOMING	03-31-87	200DB	0	0	0	0	0	0	0	0
BISON WALLER	03-31-87	200DB	0	0	0	0	0	0	0	0
ZORGREEN	03-31-89	200DB	0	0	0	0	0	0	0	0
THUNDERHEAD	03-31-91	200DB	0	0	0	0	0	0	0	0
BLEACHED SKULL	03-31-94	200DB	0	0	0	0	0	0	0	0
BRONZE BUFF - PLAQUE	03-31-94	200DB	0	0	0	0	0	0	0	0
PRINT - D JOHNSTON	03-31-94	200DB	0	0	0	0	0	0	0	0
HEIM TROPHY	03-31-95	200DB	0	0	0	0	0	0	0	0
13 Assets		Totals		1,882	0	0	0	1,882	1,882	0

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

2009 Federal Depreciation Schedule

NATIONAL BISON ASSOCIATION
84-1026558

11-10-2010

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Office Equipment										
BLK METAL 3 SHELF	03-31-87	200DB	0	0	0	0	0	0	0	0
FOLDING TABLE	03-31-87	200DBHY	7	40	0	0	0	40	40	0
2 DOOR ROLLING CAB	03-31-87	200DB	0	0	0	0	0	0	0	0
PUTTY 5 LEGAL FILE	03-31-87	200DBHY	7	35	0	0	0	35	35	0
PAPER CUTTER - DON	03-31-87	200DB	0	0	0	0	0	0	0	0
FOLDING TABLE	03-31-87	200DBHY	7	40	0	0	0	40	40	0
BROWN WOOD 4 SHELF	03-31-87	200DB	0	0	0	0	0	0	0	0
TABLETOP WOOD SHELF	03-31-87	200DB	0	0	0	0	0	0	0	0
CAPTAIN'S ARM CHAIR	03-31-87	200DBHY	7	10	0	0	0	10	10	0
PUTTY 5 LEGAL FILE	03-31-87	200DBHY	7	35	0	0	0	35	35	0
FOLDING TABLE	03-31-87	200DBHY	7	40	0	0	0	40	40	0
BLK METAL 8 SHELF	03-31-87	200DB	0	0	0	0	0	0	0	0
MUSTARD 4 FILE CAB	03-31-87	200DB	0	0	0	0	0	0	0	0
MUSTARD 4 FILE CAB	03-31-87	200DB	0	0	0	0	0	0	0	0
CAPTAIN'S ARM CHAIR	03-31-87	200DBHY	7	10	0	0	0	10	10	0
CARD TABLE	03-31-87	200DBHY	7	20	0	0	0	20	20	0
MUSTARD 4 FILE CAB	03-31-87	200DB	0	0	0	0	0	0	0	0
BLK DESK CHAIR - ARM	03-31-87	200DBHY	7	20	0	0	0	20	20	0
CAPTAIN'S ARM CHAIR	03-31-87	200DBHY	7	10	0	0	0	10	10	0
2 PUTTY METAL BKCS	03-31-90	200DBHY	7	60	0	0	0	60	60	0
GLASS DISPLAY CASE	03-31-90	200DB	0	0	0	0	0	0	0	0
EMERSON TV-VCR	09-30-93	200DBHY	7	250	0	0	0	250	250	0
OKIDATA ML591 PRINTR	03-15-94	200DBHY	5	325	0	0	0	325	325	0
HP LASER 4M	01-31-95	200DBHY	5	2,092	0	0	0	2,092	2,092	0
DUPLEX - HP PRINTER	03-31-95	200DBHY	5	523	0	0	0	523	523	0
BLK GLOBAL AIR CHR	06-26-95	200DBHY	7	150	0	0	0	150	150	0
GREY STENO CHAIR	06-26-95	200DBHY	7	43	0	0	0	43	43	0
FOLDING COMP TABLE	01-15-96	200DB	0	0	0	0	0	0	0	0
3 BLK FILE CAB	03-01-96	200DBHY	7	300	0	0	0	300	300	0
3 FOLDING TABLES	03-01-96	200DBHY	7	60	0	0	0	60	60	0
EXEC DESK-CRADENZA	06-07-96	200DBHY	7	1,009	0	0	0	1,009	1,009	0
WATER COOLER	07-26-96	200DBHY	5	314	0	0	0	314	314	0
2 CANON MP21D CALC	03-27-97	200DBHY	5	129	0	0	0	129	129	0
SM HAND TRUCK	10-13-97	200DBHY	5	30	0	0	0	30	30	0
CASSIO E-Z LABLER	10-15-97	200DBHY	7	80	0	0	0	80	80	0

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

2009 Federal Depreciation Schedule

NATIONAL BISON ASSOCIATION
84-1026558

11-10-2010

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Office Equipment										
SHARP MICROWAVE	11-04-97	200DBHY	7	140	0	0	0	140	140	0
CREDIT CARD MACHINE	11-05-97	200DBHY	5	500	0	0	0	500	500	0
MICROWAVE TABLE	11-15-97	200DB	0	0	0	0	0	0	0	0
6 SMART-UPS	01-14-98	200DBHY	5	1,848	0	0	0	1,848	1,848	0
CANON MF21D CALC	02-13-98	200DBHY	5	64	0	0	0	64	64	0
ARROW STAR DOLLY	02-19-98	A S/L	7	119	0	0	0	119	119	0
FOLDING MAIL TABLE	02-27-98	200DBHY	7	36	0	0	0	36	36	0
PUTTY 4 FILE CAB	03-20-98	200DBHY	7	150	0	0	0	150	150	0
OAK BOOKCASE	03-23-98	200DBHY	7	260	0	0	0	260	260	0
OAK BOOKCASE	04-13-98	A S/L	7	260	0	0	0	260	251	0
SKYLINE DISPLAY	07-14-98	A S/L	7	3,515	0	0	0	3,515	3,389	0
3 GLOBAL STORAGE	08-31-98	A S/L	7	609	0	0	0	609	587	0
IBM WHEELWRITER	10-13-98	A S/L	5	536	0	0	0	536	536	0
3 GB SERVER HD	11-30-98	A S/L	5	268	0	0	0	268	268	0
PEARSON SCALE MOD	12-15-98	A S/L	7	1,535	0	0	0	1,535	1,480	0
EL200 ROSE STENO CHR	03-23-99	A S/L	7	236	0	0	0	236	236	0
TIME CLOCK	12-13-99	200DBHY	7	348	0	0	0	348	344	0
SCANNER	05-12-00	200DBHY	5	432	0	0	0	432	428	0
WEB SITE DEVELOP	07-01-00	AMORT	5	24,420	0	0	0	24,420	24,420	0
FILE SERVER	09-01-00	200DBHY	5	3,541	0	0	0	3,541	3,507	0
MS NT V4	09-01-00	S/L	3	1,180	0	0	0	1,180	1,180	0
DATA NETWORK	09-20-00	200DBHY	5	1,050	0	0	0	1,050	1,040	0
SKYLINE CASE	01-29-01	200DBHY	7	212	0	0	0	212	212	0
CONFERENCE SOFTWARE	04-11-02	S/L	3	303	0	0	0	303	291	0
3 DESKS	06-26-02	200DBHY	7	89	0	0	0	89	84	4
ACCPAC SW	03-31-03	S/L	3	3,216	0	0	0	3,216	3,216	0
AGINFO SVP SW	07-25-03	S/L	3	2,294	0	0	0	2,294	2,294	0
AGINFO SVP SW	07-25-03	S/L	3	25,000	0	0	0	25,000	25,000	0
DELL COMPUTER	07-26-03	200DBHY	5	3,800	0	0	0	3,800	3,800	0
BROTHER 4100 FAX	08-13-03	200DBHY	5	425	0	0	0	425	425	0
TELECO PHONE SYS	09-18-03	200DBHY	5	1,460	0	0	0	1,460	1,459	0
HP 1100 PRINTER	11-12-03	200DBHY	5	345	0	0	0	345	345	0
QB NON-PROFIT SW	12-14-04	S/L	3	1,253	0	0	0	1,253	1,253	0
COMPUTER SERVER	05-12-05	200DBHY	5	525	0	0	0	525	434	60
PANASONIC PHONE SYS	01-09-06	200DBHY	5	737	0	0	0	737	525	85
LAPTOP & PROJECTOR	12-15-06	200DBHY	5	2,000	0	2,000	0	0	0	0
LCD PROJECTOR	01-19-08	200DBHY	5	1,046	0	1,046	0	0	0	0
TRADE SHOW BOOTH	10-10-08	200DBHY	7	2,681	0	2,681	0	0	0	0
LAPTOP - VOSTRO	12-13-08	200DBHY	5	809	0	809	0	0	0	0

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

2009 Federal Depreciation Schedule

NATIONAL BISON ASSOCIATION
84-1026558

11-10-2010

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Office Equipment										
PROJECTOR SCREENS	12-13-08	200DBHY	5	1,043	0	1,043	0	0	0	0
GTSS EQUIP	01-01-09	200DBHY	7	245	0	245	0	0	0	0
RMA PRINTER	10-07-09	200DBHY	5	480	0	480	0	0	0	0
77 Assets		Totals		94,635	0	8,304	0	86,331	85,746	149
90 Assets		Grand Totals		96,517	0	8,304	0	88,213	87,628	149

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate Instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2009

Attachment Sequence No. **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
NATIONAL BISON ASSOCIATION	FOR Section 179 Summary	84-1026558

Part I **Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	725
3	Threshold cost of section 179 property before reduction in limitation	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	250,000

6	(a) Description of property	(b) Cost (busn use only)	(c) Elected cost
	See Statement below		725

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	725
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	725
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	5,579
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶	13	6,304

For Paperwork Reduction Act Notice, see page 1 of the separate Instructions.

Section 179 Summary (from Asset Manager)

Schedule or Form	Multiple	Description	Cost	Elected Cost	Comment
Form 990	1	GTSS EQUIP	245	245	
Form 990	1	RMA PRINTER	480	480	
TOTAL TO SEC 179 SUMMARY LINE 6:				725	

STATEMENT #1 - Prepaid expenses end yr (990-EO PG 11 Line 9b)

	Beginning	Ending
PREPAID EXPENSES.....	8,479	4,317
DEFERRED 179 DEDUCTION.....	5,579	6,304
TOTAL CARRIED TO 990-EO PG 11 Line 9b.....	14,058	10,621

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

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

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

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

Type or print File by the extended due date for filing the return. See instructions.			
	Name of Exempt Organization NATIONAL BISON ASSOCIATION		**Employer identification number** 84-1026558
	Number, street, and room or suite no. If a P O. box, see instructions 8690 WOLFF COURT, #200		For IRS use only
	City town or post office. state. and ZIP code. For a foreign address, see inst WESTMINSTER CO 80031		

Check type of return to be filed (File a separate application for each return)

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

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

- The books are in the care of ▶ See attachment #2
  Telephone No. ▶ _____ FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . . . ▶ [ ] If it is for part of the group, check this box . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010

5 For calendar year 2009, or other tax year beginning _____, 20____, and ending _____, 20____

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension INFORMATION IS NEEDED FROM A THIRD PARTY TO COMPLETE AN ACCURATE RETURN.

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

Signature and Verification

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

Signature ▶ Title ▶ Date ▶

