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Form 990-EZ

Short Form 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)

OMB No 1545-1150

2011

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization DR K THROLSON AMERICAN BISON FOUND		D Employer identification number 84-1209568
	Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite 3690 WOLFF COURT, #200		E Telephone number (303) 792-2833
	City or town, state or country, and ZIP + 4 Westminster CO 80031		F Group Exemption Number ►

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ►

I Website: ► N/A

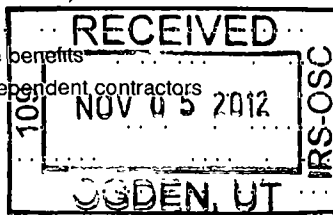
J Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c)() (insert no) 4947(a)(1) or 527

K Check ☒ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions).
But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 10,639

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I. ☐

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	510
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	3,799
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	6,330
	c	Less: direct expenses from gaming and fundraising events	6c	1,779
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	4,551
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	8,860
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	4,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,125
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	806
	17	Total expenses. Add lines 10 through 16	17	5,931
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,929
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	245,345
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	248,274



SCANNED NOV 30 2012

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ▶ NONE		
42a The organization's books are in care of ▶ See attachment #4 Telephone no ▶		
Located at ▶ ZIP + 4 ▶		
b 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)?	42b	X
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		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	X
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here ▶ ☐	43	
and enter the amount of tax-exempt interest received or accrued during the tax year ▶		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 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.

	Yes	No
47		X
48		X
49a		X
49b		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

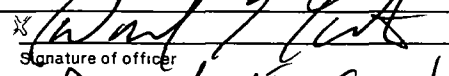
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

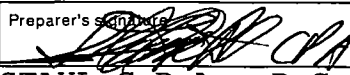
d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

☐ Yes ☒ No

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

Sign Here	 Signature of officer	 Type or print name and title	Date <u>11/1/12</u>
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Paid Preparer Use Only	Print/Type preparer's name <u>STANLEY STAHL</u>	Preparer's signature 	Date <u>10/25/12</u>	Check ☐ if self-employed	PTIN <u>P01206950</u>
	Firm's name <u>STANLEY V STAHL C.P.A., P.C.</u>	Firm's EIN			
	Firm's address <u>7500 E ARAPAHOE RD STE 200</u>	Phone no. <u>303-779-8595</u>			

May the IRS discuss this return with the preparer shown above? See instructions.

☐ Yes ☒ No

JVA 11 990A1 TWF 990 Copyright Forms (Software Only) - 2011 TW

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

DR K THROLSON AMERICAN BISON FOUND

Employer identification number

84-1209568

PART I - LINE 10: GRANTS OF SCHOLARSHIPS

\$2,500 JULIA HERMAN - COLORADO ST UNIV

\$1,500 JESUS PALOMINO - UNIV OF SASKATCHEWAN

PART I - LINE 16: OTHER EXPENSES

\$806 SEE STATEMENT #1

PART II - LINE 26: TOTAL LIABILITIES

\$4,150 ACCOUNTS PAYABLE

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning , and ending
Name of Organization DR K THROLSON AMERICAN BISON FOUND	Employer Identification Number 84-1209568

Primary Purpose
RESEARCH TO PRESERVE AMERICAN BISON

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning , and ending
Name of Organization DR K THROLSON AMERICAN BISON FOUND	Employer Identification Number 84-1209568

Part III - Statement of Program Service Accomplishments

Grants and allocations	4,000	Amount includes foreign grants	Program service expenses	700
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Exempt Purpose Achievements

CONTINUED ASSISTANCE WITH CONVENTIONS, SCHOLORSHIPS, AND RESEARCH PROJECTS RELATING TO THE AMERICAN BISON.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2011 or tax period beginning , and ending			
Name of Organization DR K THROLSON AMERICAN BISON FOUND			Employer Identification Number 84-1209568	
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben plans & def comp.	(E) Expense account & other compensation
DR KEN THROLSON	PAST			
	PRESIDENT			
NEW ROCKFORD, ND	1.00	0	0	0
BRIAN WARD	PRESIDENT			
	1.00			
WINDSOR, CO		0	0	0
DEL HENSEL	SECRETARY			
	1.00			
COMMERCE CITY, CO		0	0	0
RICH ZAHRINGER	TREAS			
	1.00			
PARKER, CO		0	0	0
MIKE DUNCAN	DIRECTOR			
	1.00			
DENVER, CO		0	0	0

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2011 or tax period beginning , and ending
Name of Organization DR K THROLSON AMERICAN BISON FOUND	Employer Identification Number 84-1209568
Part V - Line 42a	

Individual Name NATIONAL BISON ASSOCIATION
or
Business Name

Street Address 8690 WOLFF COURT, #200

U.S. Address:
Zip code 80234 City WESTMINSTER State CO

Foreign Address
City
Province or State
Country
Postal code
Phone Number (303) 292-2833
Fax Number (303) 659-3739

990 INFORMATION ABOUT SUPPORTED ORGANIZATIONS

Attachment 5: Sch A Page 1, Part I, Line 11h - Info About Supported Orgs

Open to Public

Inspection

For calendar year 2011 or tax period beginning

, and ending

Name of Organization

DR K THROLSON AMERICAN BISON FOUND

Employer Identification Number

84-1209568

(a) Name(s) of Supported Organization(s)	Employer EIN	Line No (1 to 9) or IRC Section	Governing Documents	Notify Org of Support	Organization in the U.S	Amount of Support
NATIONAL BISON ASSOCIATION	84-1026558		X	X	X	

2011 DETAIL STATEMENTS

DR K THROLSON AMERICAN BISON F
84-1209568

Page 1

STATEMENT #1 - Other expenses (EOEZ Pg 1 Line 16)

BANK FEES.....	75
CORPORATE REPORT.....	10
DUES & SUBSCRIPTIONS.....	600
OFFICE & POSTAGE.....	21
WEB PAGE.....	100

TOTAL CARRIED TO EOEZ Pg 1 Line 16.....	806
---	-----

STATEMENT #2 - Total liabilities end yr (EOEZ Pg 2 Line 26)

ACCOUNTS PAYABLE.....	4,150
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TOTAL CARRIED TO EOEZ Pg 2 Line 26.....	4,150
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- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing the return. See instructions.	Name of exempt organization or other filer, see instructions DR K THROLSON AMERICAN BISON FOUND	Employer identification number (EIN) or ☒ 84-1209568
	Number, street, and room or suite no. If a P.O. box, see instructions. 8690 WOLFF COURT, #200	Social security number (SSN) ☐
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Westminster CO 80031	

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

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

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

- The books are in the care of **See attachment #4**

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, 2012**

5 For calendar year **2011**, or other tax year beginning ☐ 20 ☐ and ending ☐ 20 ☐

6 If the tax year entered in line 5 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, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

Signature and Verification must be completed for Part II only.

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

Signature ☐

Title ☐

Date ☐